2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 18, 2007 08:00 All Secretary of State DOCUMENT # F31756 1. Entity Name EYE HEALTH & VISION CENTER, P.A. Principal Place of Business Mailing Address 107 SHAMROCK BOULEVARD 107 SHAMROCK BOULEVARD VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato 4. FEI Number City & State Applied For 59-2053644 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIN, DAVID 107 SHAMROCK BLVD. Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34293 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typod or printed parise of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTDV 11111 ☐ Delete TITLE Addition RUBIN, DAVID NAMI NAMI-107 SHAMROCK BLVD. STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP CITY - ST - ZIP IIIII Delete TITLE ☐ Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШП Delete Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP THEE ☐ Delete Change Addition NAME NAME SIRLE LADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P U00000715782□ Change □ Addi 04/28/07-80004-011 150.00 THIE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST-ZIP 11111 ☐ Delete ши Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

4/14/07 941-493-3763
Date Davising Phone 4