2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90012 034 ***158.75

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DOCUMENT # F95000002627

1. Entity Name
EYE CARE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US	1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US

04172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3206480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, CLARK CEO
1511 N. WESTSHORE BLVD.
SUITE 925
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD MARCUS, CLARK A 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	☐ Delete	D Yeap, Arthur 1511 N. Westshore Blvd., Suite 925 Tampa, FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD KOENIG, JAMES L 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	☐ Delete	D Finestone, Arnold 1511 N. Westshore Blvd., Suite 925 Tampa, FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHILD, JOHN 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	☐ Delete	D Veligdan, Robert 1511 N. Westshore Blvd., Suite 925 Tampa, FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, SHARON KAY 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAHAMSON, RICHARD I MD 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, WILLIAM H MD 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James L Koenig James L. Koenig 4/17/04 (813) 289-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #