2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90012 034 ***158.75

54037474

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

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

04172004 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
MARCUS, CLARK CEO 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 #