


FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91466 016 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000002627					
1. Entity Name EYE CARE INTERNATIONAL, INC. ✓					
Principal Place of Business 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US			Mailing Address 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
4. FEI Number 59-3206480				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, MARCUS A		NAME	Marcus, Clark A.	
STREET ADDRESS	1511 N. WESTSHORE BLVD. SUITE 925		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	VTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOENIG, JAMES L		NAME		
STREET ADDRESS	1511 N. WESTSHORE BLVD. SUITE 925		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHILD, JOHN		NAME		
STREET ADDRESS	1511 N. WESTSHORE BLVD. SUITE 925		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James L. Koenig</i> James L. Koenig Secretary			4-25-03 (813) 289-5552 Date Daytime Phone #		

CR2E034 (10/02)

Attachment #
80097685

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DOCUMENT # F95000002627
EYE CARE INTERNATIONAL, INC.

10. Officers & Directors (Continued) Additions

Title: D
Name: Yeap, Arthur
Street Address: 1511 N. Westshore Blvd., Suite 925
City, State, Zip: Tampa, FL 33607

Title: D
Name: Finestone, Arnold
Street Address: 1511 N. Westshore Blvd., Suite 925
City, State, Zip: Tampa, FL 33607

Title: D
Name: Veligdan, Robert
Street Address: 1511 N. Westshore Blvd., Suite 925
City, State, Zip: Tampa, FL 33607