


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # H44736 1. Entity Name EYE ASSOCIATES OF TALLAHASSEE, P.A. | |  |
| Principal Place of Business 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308 US | Mailing Address 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 5. Name and Address of Current Registered Agent SKILLING, FRANCIS C JR, MD 2819 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308 | | DO NOT WRITE IN THIS SPACE |
| 6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP SKILLING, JR F 413 MERIDIAN PLACE TALLAHASSEE, FL 32303 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP WEAVER, TONYA 3726 DAGGER WING COURT TALLAHASSEE, FL 32308 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS KATO, KENNETH P 2515 BETTON WOODS DRIVE TALLAHASSEE, FL 32308 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD FORD, JERRY G MD 1743 ARMISTEAD PLACE TALLAHASSEE, FL 32308 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS 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)(f), 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: <u>Francis C. Skilling Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>8 Jan 2004</u> <small>Date Daytime Phone #</small> |



01062004 No Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 59-2521287 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

000000001078
01/09/04-90027-012 150.00

**DO NOT WRITE
IN THIS SPACE**