


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90086 034 ***150.00

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
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40004067

2. Principal Place of Business 2020 FLEISCHMANN RD Suite, Apt. #, etc.	3. Mailing Address 2020 FLEISCHMANN RD Suite, Apt. #, etc.
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01072005 Chg-P CR2E034 (10/03)

City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32308	Country LEON
Zip 32308	Country LEON

4. FEI Number 59-2521287	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKILLING, FRANCIS C JR, MD 2819 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name - SAME - Street Address (P.O. Box Number is Not Acceptable) 2020 FLEISCHMANN RD City TALLAHASSEE FL Zip Code 32308	
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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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKILLING, JR F 413 MERIDIAN PLACE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEAVER, TONYA 3726 DAGGER WING COURT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATO, KENNETH P 2515 BETTON WOODS DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD FORD, JERRY G MD 1743 ARMISTEAD PLACE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Francis C. Skilling FRANCIS C. SKILLING 18 Jan 05 (850) 928-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #