

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H71218

1. Corporation Name

Eva Karen Boswell, O.D. P.A.

Principal Place of Business

2352 Snug Harbor n.e.
Marietta Ga. 30066

Mailing Address

2352 Snug Harbor n.e.
Marietta Ga. 30066

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

Willie Walker, atty.
140 E. Bay St.
Jacksonville Fl. 32202

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agents cannot represent who they are.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME [DELETE]

NAME Eva Karen Boswell

STREET ADDRESS 2352 Snug Harbor n.e.

CITY-STATE-ZIP Marietta Ga. 30066

TITLE NAME [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [Change] [Add]

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE [Change] [Add]

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE [Change] [Add]

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE [Change] [Add]

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE [Change] [Add]

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE [Change] [Add]

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

700002814587-00

03/23/93-01007-003

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eva Karen Boswell, O.D. P.A. 3-9-99

770 745-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (11-98)