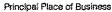
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J35572....

AKER KASTEN VISION & LASER CENTER, INC.

Mailing Address

FILED Mar 24, 2004 08:00 AM = Secretary of State



1445 NW 2ND AVE. BOCA RATON, FL 33486

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03172004 DO NOT WRITE IN THIS SPACE

No Chg-P Applied For 4. FEI Number 59-2718647 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent					
AKER, ALAN B 1445 NW 2ND AVE BOCA RATON, FL 33432			DO NOT WRITE IN THIS SPACE		
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 reinstaling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000094821 03/24/04-80008-002 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKER, ALAN B 3649 N OCEAN BLVD GULFSTREAM, FL				
TRILE NAME STREET ADDRESS GITY-ST-ZIP	STD KASTEN, ANN G 3649 N OCEAN BLVD GULFSTREAM, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ACCRESS CITY-ST-ZIP		. ,			
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

17/04 361 338 7722