2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# J35572

Entity Name: AKER KASTEN VISION & LASER CENTER, INC.

Current Principal Place of Business:

1445 NW 2ND AVE.
BOCA RATON, FL 33486

New Principal Place of Business:

1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432

Current Mailing Address:

1445 NW 2ND AVE.
BOCA RATON, FL 33486

New Mailing Address:

1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432

FEI Number: 59-2718647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKER, ALAN B
1445 NW 2ND AVE
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

AKER, ALAN B
1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432 US

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.

SIGNATURE: ALAN B AKER MD 01/12/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AKER, ALAN B
Address: 3649 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL

Title: STD ( ) Delete
Name: KASTEN, ANN G
Address: 3649 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AKER, ALAN B
Address: 3649 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL 33483

Title: STD (X) Change ( ) Addition
Name: KASTEN, ANN G
Address: 3649 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B AKER MD PD 01/12/2005
Electronic Signature of Signing Officer or Director Date