

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38387

FILED
Feb 28, 2006
Secretary of State

Entity Name: OPTHALMIC CONSULTANTS, P.A.

Current Principal Place of Business:

1700 S. TUTTLE AVE
SUITE 3
SARASOTA, FL 342390197

New Principal Place of Business:

1700 S. TUTTLE AVE
SARASOTA, FL 342393110

Current Mailing Address:

1700 S. TUTTLE AVE
SUITE 3
SARASOTA, FL 342390197

New Mailing Address:

1700 S. TUTTLE AVE
SARASOTA, FL 342393110

FEI Number: 59-2726035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, ROBERT K., M.D.
1700 S. TUTTLE AVE
SUITE 3
SARASOTA, FL 342390197 US

Name and Address of New Registered Agent:

SNYDER, ROBERT K., M.D.
1700 S. TUTTLE AVE
SARASOTA, FL 342393110 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: _____

02/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNYDER, ROBERT K.,
Address: 1700 S TUTTLE AVE 3
City-St-Zip: SARASOTA, FL 34239

Title: VS () Delete
Name: RUNGE, PAUL E
Address: 1700 S TUTLE AVE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SNYDER, ROBERT K.,
Address: 1700 S TUTTLE AVE
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT K. SNYDER, M.D.

PD

02/28/2006

Electronic Signature of Signing Officer or Director

Date