


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J61715 1. Entity Name DOUGLAS L. MEIER, O.D., P.A.	
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Principal Place of Business 515 SPRING VALLEY DR. ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 515 SPRING VALLEY DR. ALTAMONTE SPRINGS, FL 32714 US
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2772882	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

**MEIER, JULIA W.
515 SPRING VALLEY DR.
ALTAMONTE SPRINGS, FL 32714**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000115534
04/16/04-80028-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MEIER, DOUGLAS L. 515 SPRING VALLEY DR. ALTAMONTE SPRGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MEIER, JULIA W. 515 SPRING VALLEY DR. ALTAMONTE SPRGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 30 04

Date

Daytime Phone #