

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90424 022 ***150.00

DOCUMENT # L61716

1. Entity Name

PRIMARY EYE CARE GROUP, O.D., P.A.



Principal Place of Business

**8695 FOURTH ST N
ST. PETERSBURG, FL 33702-3103 US**

Mailing Address

**8695 FOURTH ST N
ST. PETERSBURG, FL 33702-3103 US**

40076905



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3009152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SARNO, MARK J
8695 FOURTH ST. N.
ST PETERSBURG, FL 33702**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PETITO, G. TIMOTHY
STREET ADDRESS 8595 FOURTH ST. N.
CITY-ST-ZIP ST PETERSBURG, FL 337023103

TITLE VS
NAME HURD, FRANK D
STREET ADDRESS 8695 FOURTH ST. N.
CITY-ST-ZIP ST PETERSBURG, FL 337023103

TITLE T
NAME SARNO, MARK
STREET ADDRESS 8695 FOURTH ST. N.
CITY-ST-ZIP ST PETERSBURG, FL 337023103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 exemptions contained 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 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

MARK J. SARNO

4/27/06

Date

(727) 399-2778

Daytime Phone #