


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L61716 1. Entity Name PRIMARY EYE CARE GROUP, O.D., P.A.	
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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
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3009152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SARNO, MARK J 8695 FOURTH ST. N. ST PETERSBURG, FL 33702

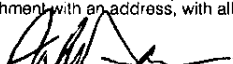
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETITO, G. TIMOTHY 8595 FOURTH ST. N. ST PETERSBURG, FL 337023103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HURD, FRANK D 8695 FOURTH ST. N. ST PETERSBURG, FL 337023103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARNO, MARK 8695 FOURTH ST. N. ST PETERSBURG, FL 337023103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000945158 05/29/08-80128-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/27/08 727-489-0500 <small>Date Daytime Phone #</small>