

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002819**

1. Entity Name  
**ST. LUKE'S EYECARE NETWORK, INC.**



Principal Place of Business  
**43309 U.S. HWY. 19 NORTH  
TARPON SPRINGS, FL 34689 US**

Mailing Address  
**PO BOX 2243  
TARPON SPRINGS, FL 34688-2243 US**



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3191783**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARQUARDT, EMIL C JR.  
400 CLEVELAND ST.  
SUITE 800  
CLEARWATER, FL 34615**

**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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

U00000409908  
02/09/06-80014-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GILLS, PIT M.D.  
43309 US HIGHWAY 19 NORTH  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HOUSER, J. BRADLEY  
43309 US HIGHWAY 19 NORTH  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAFARO, MADELINE C  
43309 US HWY 19 N  
TARPON SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:**

*Madeline C. Cafaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/06 727-943-3112**  
Daytime Phone #