

2005 FOR PROFIT CORPORATION REINSTATEMENT

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|---|------------------------------|---|--|---|--|
| DOCUMENT # P00000020371 1. Entity Name L. DAVID RICHARDS, JR., OPTOMETRIC PHYSICIAN, P.A. | | | | FILED 05 AUG -8 PM 12:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 1717 WOOLBRIGHT RD. BOYNTON BEACH, FL 33426 | | Mailing Address 1717 WOOLBRIGHT RD. BOYNTON BEACH, FL 33426 | | REINSTATEMENT 04-05 08032005 | |
| 2. Principal Place of Business 2300 So. Congress Avenue Suite, Apt. #, etc. Suite 102 | | 3. Mailing Address 2300 So. Congress Avenue Suite, Apt. #, etc. Suite 102 | | | |
| City & State Boynton Beach, Florida Zip 33426 Country USA | | City & State Boynton Beach, Florida Zip 33426 Country USA | | | |
| 4. FEI Number 65-0987273 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RICHARDS, L. DAVID J R.O.D. 1717 WOOLBRIGHT RD. BOYNTON BEACH, FL 33426 | | 7. Name and Address of New Registered Agent Name Richards, L. David Jr., O.D. Street Address (P.O. Box Number is Not Acceptable) 2300 So. Congress Avenue Suite 102 City Boynton Beach, FL Zip Code 33426 | | | |
| 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: <u><i>L. David Richards Jr.</i></u> DATE: <u>August 5, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDS, L. DAVID JR., O.D. | | NAME | Richards, L. David Jr., O.D. | |
| STREET ADDRESS | 1717 WOOLBRIGHT RD. | | STREET ADDRESS | 2300 So. Congress Avenue, Suite 102 | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 | | CITY-ST-ZIP | Boynton Beach, Florida 33426 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u><i>L. David Richards Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>August 5, 2005</u> Daytime Phone # _____ | | |