

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020371

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** L. DAVID RICHARDS, JR., OPTOMETRIC PHYSICIAN, P.A.

**Current Principal Place of Business:**

2300 S. CONGRESS AVE., SUITE 102  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2300 S. CONGRESS AVE., SUITE 102  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-0987273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDS, L. DAVID J O.D.  
2300 S. CONGRESS AVE., SUITE 102  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** RICHARDS, L. DAVID JR. O D  
**Address:** 2300 S. CONGRESS AVE., SUITE 102  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** L DAVID RICHARDS JR. O.D.

D

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date