


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90009 010 \*\*\*158.75

<b>DOCUMENT # P00000057017</b>	
1. Entity Name OPTOMETRIC ASSOCIATES OF OCALA, INC.	

Principal Place of Business 1500 SE MAGNOLIA EXTENSION SUITE 206 OCALA, FL 34471	Mailing Address 1500 SE MAGNOLIA EXTENSION SUITE 206 OCALA, FL 34471
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44004959

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3651476	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KING, WILLIAM A 1531 SE 36TH AVENUE OCALA, FL 34471	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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	VP SAMY, CHANDER MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWENK, GORDON C MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLACK, PETER J MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEATON, JOHN S DO 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANK, MARK A MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, H. MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLACK, PETER J MD 1500 SE MAGNOLIA EXTENSION SUITE 206 OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Robert Tilley** 1/23/04 352/622-5183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Administrator Date Daytime Phone #