
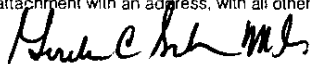


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 039 ***150.00

DOCUMENT # P00000057017 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3651476	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMY, CHANDER MD <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Samy, Chander MD 1500 SE Magnolia Extension Suite 106 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SCHWENK, GORDON C MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schwenk, Gordon C. MD 1500 SE Magnolia Extension Suite 106 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete POLACK, PETER J MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Warren, Richard C MD 1500 SE Magnolia Extension Suite 106 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DEATON, JOHN S DO 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deaton, John S. D.O. 1500 SE Magnolia Extension Suite 106 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete JANK, MARK A MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MORRIS, H. MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Morris, Michael MD 1500 SE Magnolia Extension, Suite 106 Ocala, FL 34471	
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:  Gordon C. Schwenk, MD/President 2/1/05 (352) 622-5183 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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