2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# P00000057017

Entity Name: OPTOMETRIC ASSOCIATES OF OCALA, INC.

Current Principal Place of Business:

1500 SE MAGNOLIA EXTENSION
SUITE 206
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1500 SE MAGNOLIA EXTENSION
SUITE 206
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3651476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM A
1531 SE 36TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SIMONS, GARY C
121 NW THIRD STREET
OCALA, FL 34475 US

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: GARY C. SIMONS, ESQUIRE 02/01/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SAMY, CHANDER MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: P ( ) Delete
Name: SCHWENK, GORDON C MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: VP ( ) Delete
Name: POLACK, PETER J MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: P ( ) Delete
Name: DEATON, JOHN S DO
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: VP ( ) Delete
Name: JANK, MARK A MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: T ( ) Delete
Name: MORRIS, H. MICHAEL MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN S. DEATON P 02/01/2006
Electronic Signature of Signing Officer or Director Date