2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/8/2005-90027-006-$150.00-$150.00

DOCUMENT # P01000009017

1. Entity Name
JEROLD S. GREENFIELD, O.D., P.A.

FILED
05 JUL 20 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
620 W 49TH ST HIALEAH, FL 33012	5735 AVENIDA REAL PENSACOLA, FL 32504

06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085423
☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

GREENFIELD, JEROLD S
5735 AVENIDA REAL
PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENFIELD, JEROLD S
STREET ADDRESS	5735 AVENIDA REAL
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: Jerold S. Greenfield O.D. P.A. 7/2/05 1850
Dr. Jerold S. Greenfield
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
499-5646

VISIONS 2001

5100 N. 9th Avenue (Eyemasters inside Cordova Mall)
Pensacola, FL 32504 Office: (850) 477-7646

PROVIDING PROFESSIONAL
EYECARE IN EYEMASTERS

From the desk of .... *Dr. Jerold S. Greenfield, P.A.*
OPTOMETRIC PHYSICIAN

7/26/05 - Tues

ATTN. Tyrone Scott, - FAX - 850-245-6017

RE Document # P01000009017

I have never received any Prior notice for the 2005 Annual Corporate report.

I have mailed in the following Documents and paid $150.00 on 7/2/05 check #1817.

Please waive the late fee.

Thank You

6 Pages.