

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90263 050 ***150.00

DOCUMENT # P01000022608 1. Entity Name DOUGLAS K. BLACK, O.D., P.A.			
Principal Place of Business 136 SOUTH GATE PLAZA SARASOTA, FL 34239		Mailing Address 5900 S TAMAMI TRAIL STE #1 SARASOTA, FL 34231	
2. Principal Place of Business 5350 GULF OF MEXICO DR Suite, Apt. #, etc. SUITE 2		3. Mailing Address P.O. Box 19319 Suite, Apt. #, etc.	
City & State Longboat Key, FL Zip 34228 Country USA		City & State SARASOTA, FL Zip 34276 Country USA	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S. TAMAMI TRAIL SUITE 1 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name CATHERINE L. TRACY Street Address (P.O. Box Number is Not Acceptable) 2058 Constitution Blvd. City SARASOTA FL Zip Code 34231	
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: <i>Catherine L. Tracy</i> DATE: 4/15/05			
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	DPST BLACK, DOUGLAS K O.D. 541 PARK ESTATES SQ VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Douglas K. BLACK O.D. 1872 CHIMNEY CREEK PLACE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/20/05 Daytime Phone #	