2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004
Secretary of State

DOCUMENT# P01000028028

Entity Name: TLC VISION ASSOCIATES OF FLORIDA, P.A.

Current Principal Place of Business:

450 EAST LAS OLAS BLVD
130
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

450 EAST LAS OLAS BLVD
130
FT LAUDERDALE, FL 33301

New Mailing Address:

540 MARYVILLE CENTRE DRIVE
200
ST. LOUIS, MO 63141

FEI Number: 26-0054398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONCOOL, BARRY MD
Address: 986 CREAMERY RD
City-St-Zip: NEWTOWN, PA 18940

Title: PT ( ) Delete
Name: CONCOOL, BARRY
Address: 986 CREAMERY ROAD
City-St-Zip: NEWTOWN, PA 18940

Title: SGC ( ) Delete
Name: MAY, ROBERT W
Address: 540 MARYVILLE CENTRE DR
City-St-Zip: ST LOUIS, MO 63141

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT W. MAY SGC 05/24/2004

Electronic Signature of Signing Officer or Director Date