

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028730

FILED
Apr 25, 2005
Secretary of State

Entity Name: NEWSOM EYE & LASER CENTER, INC.

Current Principal Place of Business:

3603 S HIGHLANDS AVE
SEBRING, FL 33870

New Principal Place of Business:

3205 PHYSICIANS WAY
SEBRING, FL 33870

Current Mailing Address:

3603 S HIGHLANDS AVE
SEBRING, FL 33870

New Mailing Address:

3205 PHYSICIANS WAY
SEBRING, FL 33870

FEI Number: 65-1098324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOM, THOMAS H
550 SUNSET POINTE DR
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

NEWSOM, THOMAS H
3205 PHYSICIANS WAY
SEBRING, FL 33870 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: THOMAS H NEWSOM

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWSOM, THOMAS H
Address: 3603 S HIGHLANDS AVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MBR (X) Change () Addition
Name: NEWSOM, THOMAS H MBR
Address: 3205 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870

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: THOMAS H NEWSOM

MBR

04/25/2005

Electronic Signature of Signing Officer or Director

Date