2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 29, 2004 08:00 AM Secretary of State

| 1. Entity Nam | MENT # P010000507 VISION CENTERS IV INC. | | | 500 | retary of State | |
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| Principal Plac 8828 State Davie, FL | Rd 84 | Meiling Address 8828 SR 84 DAVIE, FL 33324 | <u>.</u> | | 11 maib: 11m11 mais: Vais: Vais | |
| | ; <u>, , , , , , , , , , , , , , , , , , ,</u> | <u> </u> | est (** | | | |
| | | | 04192004 | No Cha-P | CR2E034 (10/03) | |
| D | O NOT WRITE | CE | 4. FEI Number Applied For | | | |
| | | | | 65-1110039 Not Applicable 5. Certificate of Status Desired \$8.75 Additional | | |
| | 6. Name and Address of Current Reg | <u>, </u> | 5. Cermican | or Status Desired | Fee Required | |
| HARRIS, RUSK DO NOT WOITE | | | | | | |
| 8828 SR 8 DAVIE, FL | 4 | DO NOT WRITE | | | | |
| | | | | IN | THIS SP | ACE |
| 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 | | | | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | | .00 May Be led to Fees | | | |
| 10. Yall | OFFICERS AND DIR | ECTORS | | | | |
| NAME STREET ADDRESS | HARRIS, RUSK 8828 SR 84 | . | | | | |
| CITY-ST-ZIP | DAVIE, FL 33324 | | 4 | | | 138224 30070-021 150.00 |
| TITLE NAME | | | | | (2) (4) E-34/5 (4) (4) | oca,o oci 100100 |
| STREET ADDRESS CITY-ST-ZIP | | | | | | - |
| TITLE | | | 1 | | | |
| NAME STREET ADDRESS | | | | DΩ | NOT W | DITE |
| CITY-ST-AP | | | 1 | | | |
| NAME | | | | IIV | THIS SP | AUE |
| STREET ADDRESS CITY-ST-ZIP | | and the second second | j | | | |
| TITLE FLAME | | | | | | |
| STREET ADDRESS | | | 1 | | | |
| CITY-SI-ZIP | | | 1 | | | |
| NAME | | | į. | | | |
| STREET ADDRESS City-St-Zip | | <u>्र</u> | <u>L</u> _ | | nga wantan s | |
| 12. I hereby of indicated of the correctanged, | cenify that the information supplied with this on this report or supplemental report is tru- poration or the receiver or turned suppower or on an attackment with an access, with | filing does not qualify for the exe e and accurate and that my signa ed to execute this report as requi all other like empowered. | mption stated in Se ture shall have the s red by Chapter 607 | ction 119.07(3) same legal effec , Florida Statute | (i), Florida Statutes, i for the state of the state of t | urther certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if |