2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065880

Entity Name: ON-SIGHT EYE CARE SERVICES, INC.

FILED Apr 26, 2005 Secretary of State

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Current P	rincipal Place	of Business:	New Principal	New Principal Place of Business:	
401 E JACKSON STREET STE 2650 TAMPA, FL 33602			SUITE 2650	401 E JACKSON STREET SUITE 2650 TAMPA, FL 33602	
Current M	lailing Addres	ss:	New Mailing A	New Mailing Address:	
401 E JACKSON STREET STE 2650 TAMPA, FL 33602			403 VONDERBURG DR. SUITE 101 BRANDON, FL 33511		
FEI Number: 59-3732358 FEI Number Applied For ()		FEI Number Not Applicable	e () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
401 EAST SUITE 265 TAMPA, F	L 33602 US	REET	ourpose of changing its re	gistered office or registered agent, or both,	
	e of Florida.			g,	
SIGNATU					
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (LAWRENCE, D 1602 GUILES I VALRICO, FL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GEE, RHONDA 6010 KESTREI LITHIA, FL 33	POINT AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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.

04/26/2005