2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State
03-30-2004 90006 033 ***150.00

44022518

MOORE CR2E034 (11/03)

DOCUMENT # P02000001351

1. Entity Name
KNAUER & SMITHWICK OPHTHALMOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2535 RIVERSIDE AVE. JACKSONVILLE FL 32204	2535 RIVERSIDE AVE. JACKSONVILLE FL 32204

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0533580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE., STE. 200 JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	P/D	☐ Change ☒ Addition
NAME	KNAUER, WILLIAM J		NAME		
STREET ADDRESS	2535 RIVERSIDE AVE.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	S/D	☐ Change ☒ Addition
NAME	SMITHWICK, WALTER		NAME		
STREET ADDRESS	2535 RIVERSIDE AVE.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 3/9/04 904/388-6548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #