



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90039 045 ***150.00

DOCUMENT # P02000009543 1. Entity Name EYE CARE PROFESSIONALS, P.A.					
Principal Place of Business: 4774 SW 134 LOOP Ocala, FL 34473				Mailing Address: 4774 SW 134 LOOP Ocala, FL 34473	
2. Principal Place of Business 3674 Hamilton Key		3. Mailing Address 3674 Hamilton Key			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152005 Chg-P CR2E034 (10/03)	
City & State West Palm Bch, FL		City & State West Palm Bch, FL		4. FEI Number 80-0021929	
Zip 33411-6466		Zip 33411-6466		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, WILLIAM S 4774 SW 134 LOOP OCALA, FL 34473				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3674 Hamilton Key City West Palm Beach FL Zip Code 33411	
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 <i>[Signature]</i> Barbara George VP 2/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, WILLIAM S 4774 W 134 LOOP OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3674 Hamilton Key West Palm Bch, FL 33411-6466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORT, BARBARA A 4774 SW 134 LOOP OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3674 Hamilton Key West Palm Bch, FL 33411-6466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>[Signature]</i> Barbara George VP 2/8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/8/05 Daytime Phone 954 498 4778		