FROM : FAX NO. :

04/24/2006 12:23 8502442210 SUSAN

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90181 049 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011405

1. Entity Name
DESTIN EYE CARE, P.A.

60037002

Principal Place of Business
15017 EMERALD COAST PARKWAY
DESTIN, FL 32541

Mailing Address
15017 EMERALD COAST PARKWAY
DESTIN, FL 32541

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

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

03132006 Cng-P CR2E034 (11/05)

4. FEI Number: 45-0472699 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
L. HOUSTON SPARKS, JR., O.D.
15017 EMERALD COAST PARKWAY
DESTIN, FL 32541

7. Name and Address of New Registered Agent
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 ______ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	L HOUSTON SPARKS JR., O.D.	
STREET ADDRESS	503 TEQUESTA DRIVE	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (six blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each ☐ Change ☐ Addition)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L Houston Sparks Jr. 4/24/06 850 654-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #