


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90005 032 \*\*\*150.00

**DOCUMENT # P02000034612**

1. Entity Name  
 OTTAWA HILLS OPTICAL, INC.



Principal Place of Business  
 3020 HARTLEY ROAD  
 JACKSONVILLE, FL 32257

Mailing Address  
 3020 HARTLEY ROAD  
 JACKSONVILLE, FL 32257



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

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

02152006 Chg-P CR2E034 (11/05)

4. FEI Number  
 75-3031046

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 ELEFANT, FRED  
 1650 PRUDENTIAL DR STE 105  
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name  
 SHELDON SINGAL

Street Address (P.O. Box Number is Not Acceptable)  
 3020 HARTLEY RD. SUITE 190

City  
 JACKSONVILLE FL Zip Code  
 32257

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: *Sheldon Singal* **SHELDON SINGAL, M.D.** 22 Feb 2006  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D SINGAL, SHELDON 3020 HARTLEY ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGAL, RONALD 3020 HARTLEY ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 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: *Ronald Singal* 2/20/06 904/292-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

**RONALD SINGAL, M.D.**