

# 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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**75-3031046**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete  
NAME **D SINGAL, SHELDON**  
STREET ADDRESS **3020 HARTLEY ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME **D SINGAL, RONALD**  
STREET ADDRESS **3020 HARTLEY ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD SINGAL, M.D.**

2/20/06  
Date

904/292-2020  
Daytime Phone #