2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P02000045748 1. Entity Name EYE OPENERZ, P.A.					01-23-2006	90107 030 ***15	0.00	
9885 COLLIER BLVD NAPLES, FL 34114		102 -	2720 E. OAKLAND PK BLVD.			1111 22 117 2 1212 2 121 2 121 2 12 212 212 212 212 212 212 212 212 212		
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 9885 Collier Blud. Suite, Apt. #, etc.					
·					Chg-P	CR2E034 (11/05)		
City & State		City & State Naples, FL		4. FEI Numb 03-043			oplied For ot Applicable	
Zip	Country	Zip 34114	Country	5. Certificate	of Status Desired	Sa.75 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name an	Address of New I	Registered Agent	0.1.5	
BHUTA, PRIYA 5005 MAXWELL CIR				Street Address (P.O. Box Number is Not Acceptable)				
-201 ·				00000 0 111 0 1				
NAPLES, FL 34105			City	9885 Collier Boulevard				
8. The above	named entity submits this statement tions of registering agent.	for the purpose of changing its re	l l egistered office or	registered agent, or be	oth, in the State of Fl	lorida. I am familiar with	and accept	
signature	x /4//	·						
	Signature, tysed of printed name of registered ager	nt and title if applicable. (NOTE: R	Registered Agent signatur	re required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees				
After Ma	ay 1, 2006 Fee will be \$550 OFFICERS ANI	D DIRECTORS	oution.	Added to Fees	/CHANGES TO OF	FICERS AND DIRECTOR		
10. TITLE NAME STREET ADDRESS	OFFICERS AND PVST BHUTA, PRIYA 5005 MAXWELL CR 204	7.00 Trust Fund Contrib	11. IIILE NAME STRI ET ADORESS	Added to Fees ADDITIONS 9885 C o	lier Bou	ule vard	S IN 11	
After Ma	officers and PVST BHUTA, PRIYA	D DIRECTORS	11. IIILE NAME	Added to Fees ADDITIONS	lier Bou	ule vard		
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFICERS AND PVST BHUTA, PRIYA 5005 MAXWELL GR-204 NAPLES, FL 34105 DR BHUTA, PRIYA	Trust Fund Contrib D DIRECTORS Delete	11. 11LE NAME STRIET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS 9885 Co	llier Boo s,FL 3	Change Levard Change	☐ Addition	
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Thereby certify that the information symplied with this filing does not quality 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 empewered 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.

IGNATURE:

SIGNATURE AND TYPED DAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Degume Phone #

SIGNATURE: X