

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052727

**FILED**  
**Jan 11, 2005**  
**Secretary of State**

**Entity Name:** SUNCOAST MEDICAL VISION INC

**Current Principal Place of Business:**

1614 54TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

1614 54TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 01-0715637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDSON, ROBERT  
1614 54TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: RICHARDSON, ROBERT  
Address: 1614 54TH AVE. BLVD. W.  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT RICHARDSON

PTS

01/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date