

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099569

FILED
Mar 18, 2004
Secretary of State

Entity Name: MARCIA L. LUSK, O.D. & ASSOCIATES, P.A.

Current Principal Place of Business:

777 EAST MERRITT ISLAND CAUSEWAY
MERRITT SQUARE MALL STE 200A
MERRITT ISLAND, FL 32952

New Principal Place of Business:

777 EAST MERRITT ISLAND CAUSEWAY
SUITE 200A
MERRITT ISLAND, FL 32952

Current Mailing Address:

777 EAST MERRITT ISLAND CAUSEWAY
MERRITT SQUARE MALL
MERRITT ISLAND, FL 32952

New Mailing Address:

777 EAST MERRITT ISLAND CAUSEWAY
SUITE 200A
MERRITT ISLAND, FL 32952

FEI Number: 01-0744709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSK, MARCIA L OD
777 EAST MERRITT ISLAND CAUSEWAY
MERRITT SQUARE MALL STE 200A
MERRITT ISLAND, FL 32952

Name and Address of New Registered Agent:

LUSK, MARCIA L OD
777 EAST MERRITT ISLAND CAUSEWAY
SUITE 200A
MERRITT ISLAND, FL 32952

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:

03/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUSK, MARCIA L OD
Address: 777 EAST MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LUSK, MARCIA L OD
Address: 777 EAST MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

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: MARCIA LUSK

DR

03/18/2004

Electronic Signature of Signing Officer or Director

Date