

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105675

FILED
Jan 28, 2004
Secretary of State

Entity Name: FLAGLER EYE CENTER, PA

Current Principal Place of Business:

2126 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

61 MEMORIAL MEDICAL PKWY
STE 3805
PALM COAST, FL 32164

Current Mailing Address:

FLAGLER EYE CENTER, MARK KENNEDY M.D.
61 MEMORIAL MEDICAL PARKWAY, STE. 3805
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 73-1659679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, MARK
61 MEMORIAL MEDICAL PARKWAY
SUITE 3805
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

KENNEDY, MARK E
61 MEMORIAL MEDICAL PARKWAY
SUITE 3805
PALM COAST, FL 32164 US

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: MARK E. KENNEDY

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENNEDY, MARK
Address: 61 MEMORIAL MEDICAL PKWY, SUITE 3805
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: KENNEDY, MARK
Address: 61 MEMORIAL MEDICAL PKWY, SUITE 3805
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARK E. KENNEDY

DR.

01/28/2004

Electronic Signature of Signing Officer or Director

Date