

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105675

Entity Name: FLAGLER EYE CENTER, PA

FILED  
Jul 11, 2005  
Secretary of State

## Current Principal Place of Business:

61 MEMORIAL MEDICAL PKWY  
STE 3805  
PALM COAST, FL 32164

## New Principal Place of Business:

61 MEMORIAL MEDICAL PKWY  
STE 2801  
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:

FLAGLER EYE CENTER, MARK KENNEDY M.D.  
61 MEMORIAL MEDICAL PARKWAY, STE. 2801  
PALM COAST, FL 32164

FEI Number: 73-1659676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KENNEDY, MARK E  
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 2801  
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:

07/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

## 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: MARK E KENNEDY

DR

07/11/2005

Electronic Signature of Signing Officer or Director

Date