

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008420

Entity Name: LOPRESTO EYE CARE, INC

FILED  
Mar 07, 2004  
Secretary of State

**Current Principal Place of Business:**

13801 BRUCE B. DOWNS BLVD., SUITE #301  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

13801 BRUCE B. DOWNS BLVD., SUITE #301  
TAMPA, FL 33613 US

**New Mailing Address:**

FEI Number: 13-4235270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES ( ) Change (X) Addition  
Name: LOPRESTO, CHRISTOPHER MD  
Address: 13801 BRUCE B. DOWNS, SUITE 301  
City-St-Zip: TAMPA, FL 33613 US

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: CHRISTOPHER LOPRESTO MD

PRES

03/07/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date