

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008420

Entity Name: LOPRESTO EYE CARE, INC

FILED
Feb 15, 2006
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: PRES () Delete
Name: LOPRESTO, CHRISTOPHER MD
Address: 13801 BRUCE B. DOWNS, SUITE 301
City-St-Zip: TAMPA, FL 33613 US

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 Chapter 119, 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

02/15/2006

Electronic Signature of Signing Officer or Director

Date