


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000102008</b> 1. Entity Name <b>ERIC M. PAYNE, O.D., P.A.</b>	
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Principal Place of Business <b>614 HONEYSUCKLE LANE WESTON, FL 33327</b>	Mailing Address <b>614 HONEYSUCKLE LANE WESTON, FL 33327</b>
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0482587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHWARTZ, ROBERT D ESQ. 4700 N.W. BOCA RATON BLVD. SUITE B201 BOCA RATON, FL 33431</b>
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PAYNE, ERIC M DR. 614 HONEYSUCKLE LANE WESTON, FL 33327</b>
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11000000000000000000  
01/19/06-80013-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Eric M Payne OD, P.A.* **1/13/06** **954-385-5380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #