2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000149334

Entity Name: RUSOFF EYECARE CENTER, INC.

Current Principal Place of Business:

4450 HAZLETON LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

106 LA VIDA CT
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4450 HAZLETON LANE
LAKE WORTH, FL 33467

New Mailing Address:

106 LA VIDA CT
PALM BEACH GARDENS, FL 33418

FEI Number: 30-0220493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON, FL 33486 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: RUSOFF, TARA M
Address: 106 LA VIDA CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: TARA M. RUSOFF PRES 04/27/2004

Electronic Signature of Signing Officer or Director — Date