2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080394

Entity Name: DESTIN OPHTHALMOLOGY, P.A.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

321 BREAM AVE. #307 7700 U.S. HWY 98 WEST FT. WALTON BEACH, FL 32548

SUITE 201

DESTIN, FL 322550

Current Mailing Address: New Mailing Address:

321 BREAM AVE. #307 7720 U.S. HWY 98 WEST FT. WALTON BEACH, FL 32548 SUITE 110

DESTIN, FL 322550

FEI Number: 20-1172709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KILPATRICK, WILLIAM G JR. 1104 EGLIN PKWY. SHALIMAR, FL 32579 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: FOWLER, PRISCILLA G M.D. FOWLER, PRISCILLA G M.D. Name: Name: 321 BREAM AVE. #307 Address: 7720 U.S. HWY 98 WEST, SUITE 110 Address:

City-St-Zip: FT. WALTON BEACH, FL 32548 City-St-Zip: DESTIN, FL 32550

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 Statutés. 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: PRISCILLA G. FOWLER 04/30/2005 DR