FILED
Jul 10, 2006 8:00 am
Secretary of State
05-05-2006 90173 003 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080394

1. Entity Name
DESTIN OPHTHALMOLOGY, P.A.

Principal Place of Business	Mailing Address
7700 U.S. HWY 98 WEST SUITE 201 DESTIN, FL 32255	7720 U.S. HWY 98 WEST SUITE 110 DESTIN, FL 32255

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1172709
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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] (NOTE: Registered Agent signature required when reinstating) DATE 4/28/06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOWLER, PRISCILLA G M.D.
STREET ADDRESS	7720 U.S. HWY 98 WEST, SUITE 110
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	Fowler, Priscilla G MD
STREET ADDRESS	7700 US Hwy 98 W Ste 201
CITY-ST-ZIP	Santa Rosa Bch, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	owner
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/13/06 850-622-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #