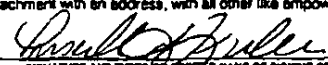


FILED
Jul 10, 2006 8:00 am
Secretary of State

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 7700 U.S. HWY 98 WEST SUITE 201 DESTIN, FL 32255		Mailing Address 7720 U.S. HWY 98 WEST SUITE 110 DESTIN, FL 32255
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent KILPATRICK, WILLIAM G JR. 1104 EGLIN PKWY. SHALIMAR, FL 32579		DO NOT WRITE IN THIS SPACE
3. 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:  (NOTE: Registered Agent signature required when reappointing) DATE: 4/28/06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOWLER, PRISCILLA G M.D. 7720 U.S. HWY 98 WEST, SUITE 110 DESTIN, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fowler, Priscilla G M.D. 7700 U.S. Hwy 98 West 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 CITY - ST - ZIP	owner	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/13/06 850-622-0757 Date Daytona Phone #