2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State
07-27-2005 90046 038 ***150.00

DOCUMENT # P04000095820

1. Entity Name
BRADY & WEXLER EYE ASSOCIATES, O.D., P.A.

Principal Place of Business	Mailing Address
11629 BRISTOL CHASE DR TAMPA, FL 33626-3301	11629 BRISTOL CHASE DR TAMPA, FL 33626-3301

07132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2223 North Westshore Blvd.	
Suite, Apt. #, etc.: Suite # 293	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33607 Country: Hillsborough	Zip Country

4. FEI Number: 43-2054097 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEXLER, BRYAN 11629 BRISTOL CHASE DR TAMPA, FL 33626-3301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Bryan Wexler Bryan Wexler 7/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Co President (P) NAME: Bryan Wexler STREET ADDRESS: 11629 Bristol Chase Drive CITY-ST-ZIP: Tampa FL 33626	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Co President (P) NAME: Jennifer Brady STREET ADDRESS: Ten South Treasure Drive CITY-ST-ZIP: Tampa FL 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bryan Wexler 7/3/05 (813) 926-4399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #