

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90047 018 \*\*\*550.00

**2007 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

DOCUMENT # P05000092863

1. Entity Name  
EYE, P.A.



40127121



05092007 Chg-P CR2E034 (12/08)

Principal Place of Business  
961 CESERY BOULEVARD  
JACKSONVILLE, FL 32211

Mailing Address  
961 CESERY BOULEVARD  
JACKSONVILLE, FL 32211

2. Principal Place of Business - No P.O. Box #  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

4. FEI Number  
NOT APPLICABLE  
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

EDWARDS, MICHAEL L ESQ.  
218 EAST ASHLEY STREET  
JACKSONVILLE, FL 32202

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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete  
CONE, PAUL J  
961 CESERY BOULEVARD  
JACKSONVILLE, FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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] PAUL J. CONE 7-19-07 7431311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #