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May 17, 2007 8:00 am
Secretary of State
04-26-2007 90181 024 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000131207

1. Entity Name
SHEA EAGERTON, O.D., P.A.

66015346

Principal Place of Business	Mailing Address
8550 VIA BELLA NOTTE ORLANDO, FL 32836	8550 VIA BELLA NOTTE ORLANDO, FL 32836

01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4955 NE Dixie Hwy #601	4955 NE Dixie Hwy
Suite, Apt. #, etc.: #601	Suite, Apt. #, etc.: #601
City & State: Palm Bay, FL	City & State: Palm Bay, FL
Zip: 32905 Country:	Zip: 32905 Country:

4. FEI Number 20-3272375 ☐ 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
EAGERTON, SHEA 8550 VIA BELLA NOTTE ORLANDO, FL 32836	Name: Street Address (P.O. Box Number is Not Acceptable): 4955 NE Dixie Hwy #601 City: Palm Bay FL Zip Code: 32905

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: Shea Eagerton 4/24/07
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
After May 1, 2007 Fee will be $550.00

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	D EAGERTON, SHEA 8550 VIA BELLA NOTTE ORLANDO, FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4955 NE Dixie Hwy #601 Palm Bay, FL 32905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Shea Eagerton 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #