2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000141187



FILED Apr 25, 2007 8:00 am Secretary of State

1. Entity Name FLIEHS EYE CENTER, INC)4-25-2007 90	0180 029	***150.0	00
Principal Place of Business Mailing Address 309 SE 2ND ST 309 SE 2ND ST											
BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 BELLE GLADE, FL 33430											
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #. etc.			03122007	Chg-P		4 (12/06)	
City & State			City & S	City & State			4. FEI Number			Ac	oplied For
Zip Country		Zip	Zip Cour		try	20 – 58 5 3 1 4 8 5. Certificate of Status Des		Not Applicable \$8.75 Additional			
6. Name and Address of Current Regi			nt Registered A	I Agent			7. Name and	Address of New R		ee Require	d
						7. Name and Address of New Registered Agent Name					
FLIEHS, MICHAEL D 309 SE 2ND ST BELLE GLADE, FL 33430						Street Address (P.O. Box Number is Not Acceptable)					
BELLE GL	ADE, FL	33430									
				City					FL	Zip Code	е
	named entiti tions of regist	y submits this statement tered agent.	for the purpose	of changing its	registere	ed office or regis	stered agent, or both	, in the State of Flo	orida. Lam fa	amiliar with,	and accept
CICNIATURE		WARRIED TO THE STREET OF THE S									
SIGNATURE.	Signature, typed	or printed name of registered age	nt and ritle if applicat	le (NOTI	F Registere	d Agent signatura rega	piked when rensisting)		DATE		
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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.

Michae SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael D. Fliehs 561-996-5804