


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # P93000077346</b><br>1. Entity Name<br>LENWARD MCCALLA, O.D. INC.  |  |                                 |  |   |  |
| Principal Place of Business<br>11417 SOUTH DIXIE HWY.<br>MIAMI FL 33156<br>US   |  |                                 | Mailing Address<br>15141 SW 159 STREET<br>MIAMI FL 33187<br>US |  |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt #, etc.                       |  |  |
| City & State  |  |                                 | City & State   |  |  |
| Zip   |  | Country                         |  | 4. FEI Number <b>65-0449659</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |                                 |  | 1st MOORE CR2E034 (10/04)  |  |
| 6. Name and Address of Current Registered Agent<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">           MCCALLA, LENWARD<br/>           15141 SW 159 STREET<br/>           MIAMI FL 33187         </div>   |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____  |  |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                                 |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>MCCALLA, LENWARD<br>15141 SW 159TH STREET<br>MIAMI FL 33187 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | 000000249989 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>03/03/05-80024-015 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: <u>Lenward McCalla</u> <u>LENWARD MCCALLA, OD</u> <u>3/1/05</u> <u>(305)378-1915</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                                 |  |  |  |