


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000002742  
 1. Entity Name  
 VASSALLO EYE INSTITUTE, P.A.



Principal Place of Business      Mailing Address  
 3780 US 1 SOUTH                      3780 US 1 SOUTH  
 ST.AUGUSTINE, FL 32086              ST.AUGUSTINE, FL 32086

**DO NOT WRITE IN THIS SPACE**



01052004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3214573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VASSALLO, JOHN M  
 3780 US 1 SOUTH  
 ST AUGUSTINE, FL 32086

**DO NOT WRITE IN THIS SPACE**

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 *John Vassallo*      DATE 1/5/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASSALLO, JOHN M PO BOX 1598 N/A ST AUGUSTINE, FL 328051598
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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: *John Vassallo*      Date 1/5/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #