

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 21, 2007 8:00 am
Secretary of State**

05-21-2007 90055 032 ***150.00

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05162007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000004744		
1. Entity Name ERIC L. BRODSKY O.D. & ASSOCIATES, P.A.		
Principal Place of Business 3252 DAVIE BLVD. FT. LAUDERDALE, FL 33312 US		Mailing Address 3252 DAVIE BLVD. FT. LAUDERDALE, FL 33312 US
2. Principal Place of Business - No P.O. Box # 4711 Chardonnay Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 670415 Suite, Apt. #, etc.
City & State Coral Springs, FL 33067 USA		City & State Coral Springs, FL 33067 USA
6. Name and Address of Current Registered Agent BRODSKY, ERIC L. OD 3252 DAVIE BLVD FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4711 Chardonnay Drive City Coral Springs FL 33067
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 Eric L. Brodsky Eric L. Brodsky, O.D. 05/16/07 <small>Signature or typed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required when re-imating)</small> <small>DATE</small>		
FILE NOW!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> Delete NAME BRODSKY, ERIC L OD STREET ADDRESS 4711 CHARDONNAY DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33067		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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.		
SIGNATURE: Eric L. Brodsky, O.D. 05/16/07 954)895-4249 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>