2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P94000021512

Entity Name: KEY LARGO MEDICAL & SURGICAL EYE CENTER, INC.

Current Principal Place of Business:

101415 OVERSEAS HWY
#201
KEY LARGO, FL 33037 US

New Principal Place of Business:

2072 NE 8TH STREET (CAMPBELL DRIVE)
P.O. BOX 900970
HOMESTEAD, FL 33090 US

Current Mailing Address:

P.O. BOX 3349
KEY LARGO, FL 330378349 US

New Mailing Address:

P.O. BOX 900970
HOMESTEAD, FL 330900970 US

FEI Number: 65-0468981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROE, LARRY D MD
101415 OVERSEAS HWY
TRADEWIND PLAZA
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

ROE, LARRY D MD
2072 NE 8TH STREET (CAMPBELL DRIVE)
P.O. BOX 900970
HOMESTEAD, FL 330900970 US

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.

SIGNATURE: LARRY DEAN IAN ROE, M.D. 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROE, LARRY D MD
Address: 101415 OVERSEAS HWY SUITE 201
City-St-Zip: KEY LARGO, FL

Title: D (X) Delete
Name: ROE, EARL D
Address: 101415 OVERSEAS HWY SUITE 201
City-St-Zip: KEY LARGO, FL

Title: D (X) Delete
Name: ROE, THELMA
Address: 101415 OVERSEAS HWY SUITE 201
City-St-Zip: KEY LARGO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROE, LARRY D MD
Address: 2072 NE 8TH STREET (CAMPBELL DRIVE)
City-St-Zip: HOMESTEAD, FL 900700970 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.D. IAN ROE, MD PRES 04/25/2005
Electronic Signature of Signing Officer or Director — Date