


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000074112 1. Entity Name CENTER FOR EXCELLENCE IN EYE CARE, P.A.	
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Principal Place of Business 8940 N. KENDALL DRIVE STE. 400 MIAMI, FL 33176 US	Mailing Address 8940 N. KENDALL DRIVE STE. 400 MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0533762	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

PETER G GRUBER PA
9100 S DADELAND BLVD
SUITE 910
MIAMI, FL 33156

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRATTLER, HENRY MD 8940 NO KENDALL DR #400-E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GABAY, JACK MD 8940 NO KENDALL DR #400-E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/22/04-80011-018 150.00

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IN THIS SPACE**

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:  **HENRY L. TRATTLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/4/04 Daytime Phone #: (305) 598-2020