## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000094328

1615 SW MAIN BLVD.

LAKE CITY, FL 32025

Address:

City-St-Zip:

Entity Name: REICHERT EYE CENTERS OF NORTH FLORIDA, P.A.

FILED Mar 26, 2007 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1615 S.W. MAIN BLVD. LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** PO BOX 489 LAKE CITY, FL 32056 FEI Number: 59-3298341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REICHERT, RICHARD W 1615 S.W. MAIN BLVD. LAKE CITY, FL 32025 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition REICHERT, RICHARD W Name: Name: 1615 SW MAIN BLVD. Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: Title: () Change () Addition () Delete REICHERT, JILL Name: 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 Chapter 119, 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: RICHARD W REICHERT DP 03/26/2007