## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000036955

Entity Name: VISION CARE, INC.

FILED May 05, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1511 N WESTSHORE BLVD STE 1000 TAMPA, FL 33630 US					
Current Mailing Address:			New Maili	New Mailing Address:	
100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076 US					
FEI Number:			Number Not Appl	licable ( ) Certificate of Status Desired ( )	
		,		Address of New Registered Agent:	
Name and Address of New Registered Agent:  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BRAVERMAN, H	HORE BLVD, #1000	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KLOCK, PHYLLI	COURT E., STE. 400	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition ROTHROCK, KIRK E 100 MANSELL COURT E., STE. 400 ROSWELL, GA 30076	
Title: Name: Address: City-St-Zip:	MITCHELL, BRU	COURT E., STE. 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () KLOCK, DAVID 100 MANSELL C ROSWELL, GA	COURT E., STE. 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LIANE, PETER	Delete HORE BLVD., #1000 30	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	TD () Change (X) Addition GEORGE, DUNAWAY W 100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076	
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					

SIGNATURE: BRUCE MITCHELL SD

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.