2005 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTID NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED M

Daytime Phone #

ANNUAL REPORT				Apr 14, 2005 08:00 A			
DOCUMENT # P95000059306							of State
1. Entity Name MIRIAM T. EVANS, O.D., P.A.]		•	
Principal Plac	ce of Business	Mailing Address]			
	G CREEK COURT N, FL 33498	20780 SNUG CREEK COURT BOCA RATON, FL 33498			-		
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	The state of the s		أعميني أمسي				
İ			02222005	No Chg-P	CR2E034	(10/02)	
[O NOT WRITE	CE	02222005			Applied For	
				4. FEI Numb			Not Applicable
				5. Certificate	of Status Desired	□ \$8.	.75 Additional Required
	6. Name and Address of Current Re	gistered Agent			The second secon	*4	17773512
MIRIAM T			DO	NOT W	RITE		
	UG CREEK CT FON, FL 32301-2525		***	·· ···· · · · · · · · · · · · · · · · ·			
			IN	THIS SP	ACE		
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8. The above the obligat	anamed entity submits this statement for the tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fio	rida. I am fami	liar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	Ithle Papplicable (NOTE Registere	d Agent signature required	(when reinstating)		DATE	
		9. Election Campaign Finar	also the	00			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME	PSTD EVANS, MIRIAM T					** * .	* ***
STREET ADDRESS	20780 SNUG CREEK COURT		1				
CITY-ST-ZIP	BOCA RATON, FL 33498		- ,=,=		U000003	104635	
NAME	2				<u> </u>	10051-022	2 150.00
STREET ADDRESS			i				
TATLE	<u> </u>			<u></u>			
NAME						•	· ··
STREET ADDRESS CITY-ST-ZIP	,			DO	NOT W	RITE	
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CITY-ST-ZIP							
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NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corr	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empowers.	is filling does not qualify for the exer- ue and accurate and that my signatured to execute this report as require	notion stated in Secure shall have the s	ction 119.07(3)(same legal effect	i), Florida Statutes. I	further certify thath; that I am ar	nat the information officer or director
changed,	poration or the receiver or trustee empower or on an attachment with an address, will	all other/like empowered.	ou ay onapidi dur,	, , ionala oralulo	1 .	appears in OIO	OR TO GE DIOUR FEB