## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # P95000063683 DENNIS I. FETCH, O.D., P.A. Principal Place of Business Mailing Address 5200 N. FEDERAL HIGHWAY 5200 N. FEDERAL HIGHWAY FT, LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 03242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0601816 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FETCH, DENNIS I O.D. DO NOT WRITE 5200 N. FEDERAL HIGHWAY IN THIS SPACE FT. LAUDERDALE, FL 33308 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS HILE NAME FETCH, DENNIS I O.D. STREET ADDRESS 5200 N. FEDERAL HIGHWAY CITY-ST-ZIP FT. LAUDERDALE, FL. 33308 U00000486840 TITLE 04/13/06-80053-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

TITI F ИАМЕ STREET ADDRESS CITY-ST-ZIP

954-491-6663