
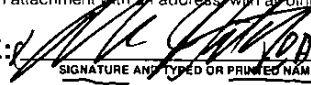


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90222 045 \*\*\*150.00

<b>DOCUMENT # P95000063683</b>					
<b>1. Entity Name</b> DENNIS I. FETCH, O.D., P.A.					
<b>Principal Place of Business</b> 5200 N. FEDERAL HIGHWAY 4 FT. LAUDERDALE, FL 33308			<b>Mailing Address</b> 5200 N. FEDERAL HIGHWAY 4 FT. LAUDERDALE, FL 33308		
<b>2. Principal Place of Business - No P.O. Box #</b> 3100 NE 47TH COURT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3100 NE 47TH COURT Suite, Apt. #, etc.			
<b>City &amp; State</b> FORT LAUDERDALE, FL		<b>City &amp; State</b> FORT LAUDERDALE, FL		<b>4. FEI Number</b> 65-0601816	
<b>Zip</b> 33308		<b>Country</b> BROWARD		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FETCH, DENNIS I O.D. 5200 N. FEDERAL HIGHWAY 4 FT. LAUDERDALE, FL 33308			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3100 NE 47TH COURT City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33308</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETCH, DENNIS I O.D. 5200 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3100 NE 47TH COURT FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> 			x <b>4/29/08</b> <b>954-491-6663</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					