


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # P95000087975	
1. Entity Name COMPREHENSIVE EYE CARE OF SOUTH FLORIDA INC	

Principal Place of Business 7480 FAIRWAY DRIVE SUITE 105 MIAMI LAKES, FL 33014	Mailing Address 7480 FAIRWAY DRIVE SUITE 105 MIAMI LAKES, FL 33014
---	---

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0624631	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BERMAN, GARY 7480 FAIRWAY DRIVE SUITE 105 MIAMI LAKES, FL 33014	DO NOT WRITE IN THIS SPACE
---	-------------------------------

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 _____	U00000165348 07/12/04-80010-015 158 75
<small>Signature, typed or printed name of registered agent and file if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GORDON, MICHAEL DR. 7480 FAIRWAY DRIVE, SUITE 105 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BERMAN, GARY DR. 7480 FAIRWAY DRIVE, SUITE 105 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:** Michael Gordon 7/8/04 (805) 431-2034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR