


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90355 018 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P96000073221 | |  |
| 1. Entity Name PEGGY J. STERLING, O.D., P.A. | | |

| | |
|---|---|
| Principal Place of Business 19062 BRUCE B DOWNS TAMPA, FL 33647 | Mailing Address 19062 BRUCE B DOWNS TAMPA, FL 33647 |
|---|---|



| | |
|--|---|
| 2. Principal Place of Business - No P.O. Box # 29154 Chapel Park Dr | 3. Mailing Address 29154 Chapel Park Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04232008 Chg-P CR2E034 (12/06)

| | |
|----------------------------------|-----------------------------------|
| City & State Wesley Chapel FL | City & State Wesley Chapel, FL |
| Zip 33543 | Zip 33543 |
| Country USA | Country USA |

| | |
|-----------------------------|--|
| 4. FEI Number 59-3400308 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent STERLING, PEGGY J 19062 BRUCE B DOWNS TAMPA, FL 33647 | |
| 7. Name and Address of New Registered Agent Name <u>Peggy J Sterling O.D., PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>29154 CHAPEL PARK DRIVE</u> City <u>Wesley Chapel</u> FL Zip Code <u>33543</u> | |

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 Peggy J Sterling DATE 4/24/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST STERLING, PEGGY J O.D. 19062 BRUCE B DOWNS TAMPA, FL 33647 <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 |
| 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 |

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.

SIGNATURE: Peggy J Sterling DATE 4/24/08 813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR