

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000020538  
 1. Entity Name  
 EYE MANAGEMENT, INC.



Principal Place of Business      Mailing Address  
 1505 NORTHWEST 167TH STREET      1505 NORTHWEST 167TH STREET  
 SUITE 450      SUITE 450  
 MIAMI, FL 33169      MIAMI, FL 33169



04212005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0079163      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BILOWICH, MARTIN  
 1505 NORTHWEST 167TH STREET  
 450  
 MIAMI, FL 33169

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KEARNEY, KRISTIN
STREET ADDRESS	1505 NORTHWEST 167TH STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	PD
NAME	BILOWICH, MARTIN
STREET ADDRESS	1505 NORTHWEST 167TH STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	VDS
NAME	WILHELM, CHARLES MD
STREET ADDRESS	1505 NW 167 STREET SUITE 450
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000340671  
 04/28/05-80127-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Martin Biłowich      4/22/05      305-614-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #