


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 801 E. HALLANDALE BEACH BLVD 200 HALLANDALE, FL 33009	Mailing Address 801 E. HALLANDALE BEACH BLVD 200 HALLANDALE, FL 33009
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0079163	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BILOWICH, MARTIN  
 801 E. HALLANDALE BEACH BLVD  
 SUITE 200  
 HALLANDALE, FL 33009

**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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

U00000684958  
 04/06/07-80053-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEARNEY, KRISTIN 801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILOWICH, MARTIN 801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WILHELM, CHARLES MD 801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: MSTB 3/27/07 305/614-0161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #