


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P97000020538

1. Entity 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



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0079163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. **\$5.00 May Be Added to Fees**

DATE
05/07/08-80064-009 150.00

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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IN THIS SPACE**

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: *[Signature]* **4/18/08** **305/614-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #