

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024971

FILED
Aug 17, 2004
Secretary of State

Entity Name: EYE CARE NETWORK OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

331 N. MAITLAND AVENUE
MAITLAND, FL 327514762 US

New Principal Place of Business:

Current Mailing Address:

331 N. MAITLAND AVENUE
SUITE 200
MAITLAND, FL 327514762 US

New Mailing Address:

FEI Number: 59-3442540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, JILL S ESQ.
180 PARK AVENUE NORTH
SUITE 200
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWARTZ, MARC F M.D.
Address: 900 S. TROTTERS DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: OKUN, NEIL M.D.
Address: 2501 N. ORANGE AVE., STE. 401
City-St-Zip: ORLANDO, FL 32804

Title: VP () Delete
Name: COOPERMAN, ELLIOT M.D.
Address: 311 EAST EVANS STREET
City-St-Zip: ORLANDO, FL 32804

Title: VP () Delete
Name: SUSI, J. RICHARD D.O.
Address: 7326 LK. UNDERHILL RD.
City-St-Zip: ORLANDO, FL 32822

Title: T () Delete
Name: GARVEY, JAMES M.D.
Address: 1350 S. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHWARTZ, MARC F M.D.

P

08/17/2004

Electronic Signature of Signing Officer or Director

Date