2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P97000046676

Entity Name: OVIEDO VISION CENTER, P.A.

Current Principal Place of Business:

875 CLARK ST
STE A
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

875 CLARK ST
STE A
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3454876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARL A. BURGUNDER, P.A.
1490 SWANSON DRIVE
SUITE 200
OVIEDO, FL 32765 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MCDONALD, GARY D OD
Address: 875 CLARK ST STE A
City-St-Zip: OVIEDO, FL 32765 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA ( ) Change (X) Addition
Name: MCDONALD, GARY D
Address: 875 CLARK STREET, SUITE A
City-St-Zip: OVIEDO, FL 32765 US

Title: SEC ( ) Change (X) Addition
Name: MCDONALD, GARY D
Address: 875 CLARK STREET, SUITE A
City-St-Zip: OVIEDO, FL 32765 US

Title: VP ( ) Change (X) Addition
Name: MCDONALD, KATHLEEN M
Address: 875 CLARK STREET SUITE A
City-St-Zip: OVIEDO, FL 32765 US

Title: A.TR ( ) Change (X) Addition
Name: MCDONALD, KATHLEEN M ASST TR
Address: 875 CLARK STREET, SUITE A
City-St-Zip: OVIEDO, FL 32765 US

Title: A SE ( ) Change (X) Addition
Name: MCDONALD, KATHLEEN M AST SEC
Address: 875 CLARK STREET, SUITE A
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY D MCDONALD, OD PRES 03/10/2009

Electronic Signature of Signing Officer or Director — Date