2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90738 014 ***150.00

DOCUMENT # P97000075448

1. Entity Name
SUN COAST EYE CARE, INC.

Principal Place of Business	Mailing Address
432 INDIAN ROCKS ROAD NORTH BELLEAIR BLUFFS, FL 33770	432 INDIAN ROCKS ROAD NORTH BELLEAIR BLUFFS, FL 33770

03022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
906 Curlew Rd.	906 Curlew Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL.	City & State: Dunedin, FL
Zip: 34698 Country: Pinellas	Zip: 34698 Country: Pinellas

4. FEI Number: 59-3465133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, LELAND K III 432 INDIAN ROCKS ROAD NORTH BELLEAIR BLUFFS, FL 33770	Name Street Address (P.O. Box Number is Not Acceptable): 906 Curlew Rd. City: Dunedin **FL** Zip Code: 34698

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: X Leland K. Smith III DATE: X 3/10/04
(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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, LELAND K III 432 INDIAN ROCKS ROAD NORTH BELLEAIR BLUFFS, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 906 Curlew Rd. Dunedin, FL 34698
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARY LOU 432 INDIAN ROCKS ROAD NORTH BELLEAIR BLUFFS, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 906 Curlew Rd. Dunedin, FL 34698
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X MaryLou Smith M.D. X 4-29-04 X 727-733-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #