
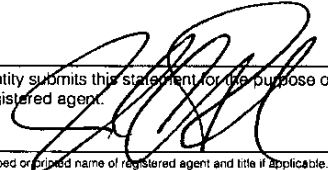
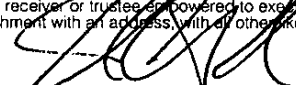


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 001 ***150.00

DOCUMENT # P97000083221 1. Entity Name JOHN C. DERICKSON, O.D., P.A.					
Principal Place of Business 4131 SOUTHSIDE BLVD STE 201 JACKSONVILLE, FL 32216			Mailing Address 2062 ST MARTINS BLVD JACKSONVILLE, FL 32246		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12769 Hidden Circle S. Suite, Apt. #, etc.			
City & State Zip Country		City & State Jacksonville, FL Zip Country 32225		4. FEI Number 59-3473512	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DERICKSON, JOHN 2062 SE MARTINS DRIVE WEST JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name John C. Derickson Street Address (P.O. Box Number is Not Acceptable) 12769 Hidden Circle South City Jacksonville State FL Zip Code 32225		
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 8/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DERICKSON, JOHN C 2062 ST. MARTINS DR., W. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: 			Date 8/19/05 Daytime Phone # (904) 997-8585		



ATTACHMENT

50062920

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2005

JOHN C. DERICKSON, O.D., P.A.
4131 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216

SUBJECT: JOHN C. DERICKSON, O.D., P.A.
Ref. Number: P97000083221

Thank you for your correspondence of August 4, 2005, which has been forwarded to me for response.

Enclosed is the 2005 annual report for filing. Please attach your letter explaining what happened to the completed report.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 905A00051801

JOHN C. DERICKSON, OD, MBA

ATTACHMENT *52062950*
PAID 10/00/08 3227
SOUTHSIDE
EYE ASSOCIATES

BOARD CERTIFIED
OPTOMETRIC PHYSICIAN

August 4, 2005

Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

RE: ANNUAL REPORT FILING

Dear Secretary Hood,

I recently received a Notice of Intent to Dissolve my corporation. At first I thought that this must be an error as I sent my annual report and my check on April 07, 2005. However, I have recently checked my bank statement and found that the check did not clear. It seems clear that my payment was either lost in the mail or in processing at the Division of Corporations.

I am writing to request special consideration for my situation and the opportunity to file again without penalty. I have had this corporation since 1997 and to my knowledge we have always filed paperwork appropriately. I appreciate your consideration of my request.

Sincerely,


John C. Derickson, OD, MBA

TID 59-3473512