


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90066 011 ***150.00

DOCUMENT # P98000028067	
1. Entity Name EYE CENTER OF NORTH FLORIDA, P.A.	

Principal Place of Business 2500 HIGHWAY 77 PANAMA CITY, FL 32405	Mailing Address 2500 HIGHWAY 77 PANAMA CITY, FL 32405
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54029840

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04012004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2107690		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BRET L	NAME	
STREET ADDRESS	2500 HWY 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKER, ANTHONY L O.D.	NAME	
STREET ADDRESS	2500 HWY 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDINGER, DAVID J O.D.	NAME	
STREET ADDRESS	2500 HWY 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARY, JOHN J	NAME	
STREET ADDRESS	2500 HIGHWAY 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONSHOR, LEE G M.D.	NAME	
STREET ADDRESS	2500 HWY. 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARK S OD	NAME	
STREET ADDRESS	2500 HWY 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	

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: Mark S Jones **MARK S. JONES, Pres.** 4/7/04 (850) 784-3937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #