

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060766

Entity Name: TOTAL VISION CARE, P.A.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

17401 NE 2ND AVE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

12674 SW 42ND ST
MIRAMAR, FL 33027

Current Mailing Address:

17401 NE 2ND AVE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

12674 SW 42ND ST
MIRAMAR, FL 33027

FEI Number: 65-0852258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, DAVID A
8181 W. BROWARD BLVD., STE. 204
PLANTATION, FL 33324 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: P () Delete
Name: TROTMAN, MICHELLE A OD
Address: 18610 NW 67 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TROTMAN, MICHELLE A OD
Address: 12674 SW 42ND ST
City-St-Zip: MIRAMAR, FL 33027 US

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: MICHELLE TROTMAN

PRES

04/27/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date