


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 005 ***150.00

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| DOCUMENT # P99000043426 |  |
| 1. Entity Name JASON B.C. BINNING, O.D., P.A. | |


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| Principal Place of Business 6626 HYPOLUXO ROAD SUITE A-4 LAKE WORTH, FL 33467 | Mailing Address 6256 COYR HILL COURT LAKE WORTH, FL 33463 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 6256 COYR HILL CT Suite, Apt. #, etc. |
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| City & State LAKE WORTH, FL | City & State LAKE WORTH, FL |
|--------------------------------|--------------------------------|

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|--------------|---------|--------------|---------|
| Zip 33463 | Country | Zip 33463 | Country |
|--------------|---------|--------------|---------|

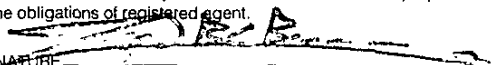
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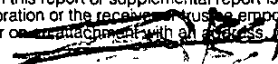
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| 4. FEI Number 65-0920303 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LANDER, STEVEN PA 315 SE 7TH STREET 1ST FLOOR FORT LAUDERDALE, FL 33301 | |
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| 7. Name and Address of New Registered Agent 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  | DATE 4-14-08 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP | DR BINNING, JASON B.C. 6256 LOG HILL COURT LAKE WORTH, FL 33463 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6256 COYR HILL CT LAKE WORTH, FL 33463 |
| 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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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 for a different line empowered. | |
| SIGNATURE:  JASON B.C. BINNING, O.D. | DATE 4-14-08 501-9606-3808 |