

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045847

FILED
Feb 15, 2007
Secretary of State

Entity Name: VISION HEALTH CARE GROUP, INC.

Current Principal Place of Business:

28331 S. TAMiami TRAIL
SUITE 2
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1270
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 65-0926976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEDSON, CYNTHIA LOUISE
28331 S. TAMiami TRAIL
SUITE 2
BONITA SPRINGS, FL 34134 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: PC () Delete
Name: BLEDSON, CYNTHIA LOUISE
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VTD () Delete
Name: BLEDSON, SEAN MITCHELL
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: CONRADO, JULIO E
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: HANNON, HOLLY C
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: RAINS, TROY P
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: CONRADO, ELSAR
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: RYAN, TIM
Address: 28331 S. TAMiami TRAIL, SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SEAN M. BLEDSON

VTD

02/15/2007

Electronic Signature of Signing Officer or Director

Date