



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000064681</b>	
1. Entity Name FIRST COAST LASER & VISION NETWORK, INC.	

Principal Place of Business C/O GARY M AKEL, O.D. 945 S LANE AVE JACKSONVILLE, FL 32205	Mailing Address C/O GARY M AKEL, O.D. 945 S LANE AVE JACKSONVILLE, FL 32205
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**DO NOT WRITE IN THIS SPACE**

	
04072004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3589223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  AKEL, DANIEL D ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE, FL 32202	<b>DO NOT WRITE IN THIS SPACE</b>
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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

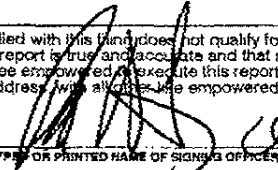
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000123692 04/22/04-80016-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AKEL, GARY M 945 S LANE AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIANE, PETER D 100 W BAY ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WATTS, JAMES W 11808 SAN JOSE BLVD JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GREEN, RICHARD 2225 A1A SOUTH, #C2 ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WOLF, KAREN S 330 A1A NORTH, #202 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **President** 4-20-04 904-631-5901

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #