

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064681

FILED
Apr 20, 2005
Secretary of State

Entity Name: FIRST COAST LASER & VISION NETWORK, INC.

Current Principal Place of Business:

C/O GARY M AKEL, O.D.
945 S LANE AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

C/O GARY M AKEL, O.D.
945 S LANE AVE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3589223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DR, SUITE 2301
JACKSONVILLE, FL 32202 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: D () Delete
Name: AKEL, GARY M
Address: 945 S LANE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: LIANE, PETER D
Address: 100 W BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WATTS, JAMES W
Address: 11808 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: GREEN, RICHARD
Address: 2225 A1A SOUTH, #C2
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: WOLF, KAREN S
Address: 330 A1A NORTH, #202
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: () 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 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: PETER D. LIANE

D

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date