

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S40529

Entity Name: BAY HILL EYE CARE, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

7051 DOCTOR PHILLIPS BLVD  
SUITE 7  
ORLANDO, FL 32819 US

## New Principal Place of Business:

## Current Mailing Address:

7051 DOCTOR PHILLIPS BLVD  
SUITE 7  
ORLANDO, FL 32819 US

## New Mailing Address:

FEI Number: 59-3060128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWELL, JOHN  
7051 DR PHILLIPS BLVD  
#7  
ORLANDO, FL

## Name and Address of New Registered Agent:

NOWELL, JOHN  
7051 DR PHILLIPS BLVD  
#7  
ORLANDO, FL 32819

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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NOWELL, JOHN L.,  
Address: 8066 MONIER WAY  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: NOWELL, JOHN L.,  
Address: 8066 MONIER WAY  
City-St-Zip: ORLANDO, FL 32835

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: JOHN NOWELL

DR.

01/06/2004

Electronic Signature of Signing Officer or Director

Date