


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90003 044 ***550.00

DOCUMENT # S92463					
1. Entity Name OCULOPLASTICS OF SOUTHWEST FLORIDA-DEAN W. LARSON M.D., P.A.					
Principal Place of Business 15750 NEW HAMPSHIRE CT SUITE B FT MYERS, FL 33908			Mailing Address 15750 NEW HAMPSHIRE CT SUITE B FT MYERS, FL 33908		
2. Principal Place of Business 15620 New Hampshire Court			3. Mailing Address 15620 New Hampshire Court		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Fort Myers, Florida			City & State Fort Myers Florida		
Zip 33908		Country USA		4. FEI Number 65-0289377	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HILL, BARTH& KING 8211 COLLEGE PARKWAY FORT MYERS, FL 33919			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: _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE: _____					
<div> <div> FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____ NAME LARSON, DEAN W. STREET ADDRESS 15750 NEW HAMPSHIRE COURT STE B CITY-ST-ZIP FT MYERS, FL			TITLE _____ NAME LARSON, DEAN W. STREET ADDRESS 15620 NEW HAMPSHIRE COURT CITY-ST-ZIP FORT MYERS, FLORIDA		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Robert D. Martilla, RN, LHRM 8-2-04 (239) 481-9995					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					
Administrator					