2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# V01795

Entity Name: SCHINDERLE AND EUGENIDES, O.D.'S, P.A.

Current Principal Place of Business:

6486 WHELAN ST.
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

314 TAMIAMI TRAIL
PUNTA GORDA, FL 33950 US

Current Mailing Address:

6486 WHELAN ST.
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 65-0300758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHINDERLE, MARY J OD
1960 OREGON TRAIL
3D
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

SCHINDERLE, MARY J OD
6486 WHELAN STREET
ENGLEWOOD, FL 34224 US

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: _____ 01/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: SCHINDERLE, MARY JO, O.D.
Address: 1960 OREGON TRAIL 3D
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: DR ( ) Delete
Name: EUGENIDES, JAMES J., O.D.
Address: 1960 OREGON TRAIL 3D
City-St-Zip: ENGLEWOOD, FL 34224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SCHINDERLE, MARY JO, O.D.
Address: 6486 WHELAN STREET
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: DR (X) Change ( ) Addition
Name: EUGENIDES, JAMES J., O.D.
Address: 6486 WHELAN STREET
City-St-Zip: ENGLEWOOD, FL 34224 US

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: JAMES EUGENIDES DR. 01/04/2007
Electronic Signature of Signing Officer or Director — Date