## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10876

FILED Apr 28, 2006 Secretary of State

Entity Name: MANATEE FAMILY EYECARE, P.A. **Current Principal Place of Business: New Principal Place of Business:** 319 7TH STREET WEST PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** 319 7TH STREET WEST PALMETTO, FL 34221 FEI Number: 65-0307391 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARREN A. PAQUIN JR. 319 - 7TH ST WEST PALMETTO, FL 34205 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition WOOD, WAYNR R. JR., WOOD, WAYNR R. JR., Name: Name: 7612 25TH AVE W 4004 PLUMOSA TERRAACE Address: Address: City-St-Zip: BRADENTON, FL City-St-Zip: BRADENTON, FL 34210 ( ) Delete Title: Title: () Change () Addition Name: PAQUIN, WARREN A. JR. Name: 6809 RIVERVIEW BLVD Address: Address: BRADENTON, FL 34209 City-St-Zip: City-St-Zip:

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: WARREN A PAQUIN D 04/28/2006