**2005 FOR PROFIT CORPORATION** AMMUAI DEDOOT /ADI

	ANNUAL N	EPONI (AN)	<u>'</u>	FILED
1. Entity Nan	-	-		Jan 27, 2005 08:00 AM Secretary of State
FLESHER VISION CARE, INC.				
Principal Address Mailing Address				
2216 N. CONGRESS AVE. 2216 N CONGRES BOYNTON BCH. FL 33426 BOYNTON BCH FU US		2216 N CONGRESS AV BOYNTON BCH FL 334 US	E 26	t verm skiner kvere sinke bildi ilebra ilk bibli bibli bibli bibli bibli bibli bibli bibli biblibbi is sobs
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt #, etc		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 65-0321625 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
FLESHER, MARC				ess (P.O. Box Number is Not Acceptable)
2216 N. CONGRESS AVENUE BOYNTON BEACH FL 33426				
<u> </u>			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-spent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.  Added to Fees				
10. OFFICERS AND DIRECTORS 11.			T 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	Delete Delete	TITLE	☐ Change ☐ Addition
NAME	FLESHER, MARC		NAME	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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