

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55639

FILED
Apr 26, 2004
Secretary of State

Entity Name: DREXLER EYE CARE ASSOCIATES OF CLEARWATER, P.A.

Current Principal Place of Business:

% SCOTT P. DREXLER, O.D.
2551 DREW ST, SUITE 302
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

3680 BELLE VISTA DR
SAINT PETERSBURG, FL 337063806 US

New Mailing Address:

FEI Number: 59-3137360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREXLER, SCOTT P.
2551 DREW STREET
SUITE 302
CLEARWATER, FL 33765

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DREXLER, SCOTT P.
Address: 127 1ST ST EAST #105
City-St-Zip: TIERRA VERDE, FL

Title: VPD () Delete
Name: DREXLER, SHEILA Y.
Address: 127 1ST ST E #105
City-St-Zip: TIERRA VERDE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DREXLER, SCOTT P.
Address: 3680 BELLE VISTA DR
City-St-Zip: ST. PETE BEACH, FL 337063806

Title: VPD (X) Change () Addition
Name: DREXLER, SHEILA Y.
Address: 3680 BELLE VISTA DR
City-St-Zip: ST. PETE BEACH, FL 33706

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: SCOTT P. DREXLER

PD

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date