2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55639

FILED Apr 29, 2005 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2551 DRE	P. DREXLER W ST, SUITE ATER, FL 337	302			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	LE VISTA DR TERSBURG, F	FL 337063806 US			
FEI Number	: 59-3137360	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2551 DRE SUITE 302 CLEARWA The above	ATER, FL 337 named entity of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DREXLER, SC 3680 BELLE V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (DREXLER, SH 3680 BELLE V ST. PETE BEA	ISTA DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 04/29/2005