

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55639

FILED  
Aug 08, 2006  
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:**

2551 DREW ST,  
SUITE 302  
CLEARWATER, FL 33765 US

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 US

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DREXLER, SCOTT P.  
Address: 2551 DREW ST, SUITE 302  
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SCOTT P. DREXLER

PD

08/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date