

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 29, 2008  
Secretary of State**

DOCUMENT# V55639

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**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:**

**Name and Address of New Registered Agent:**

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

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:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: VPD (X) Change ( ) Addition  
Name: DREXLER, SHEILA Y.  
Address: 19820 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify 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 DREXLER

PD

10/29/2008

Electronic Signature of Signing Officer or Director

Date