

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602133

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** R. TIMOTHY CARTER OF CLAY COUNTY, O.D., P.A.

**Current Principal Place of Business:**

2020 KINGSLEY AVE.  
ORANGE PARK, FL 320735112

**New Principal Place of Business:**

**Current Mailing Address:**

6443 RIVER POINT DRIVE  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:** 59-1308264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARTER, R. TIMOTHY  
6443 RIVER POINT DRIVE  
FLEMING ISLAND, FL 32003 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARTER, R TIMOTHY  
Address: 1364 CROSBY LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: CARTER, R GORDON  
Address: 2020 KINGSLEY AVE.  
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: R TIMOTHY CARTER

PD

03/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date