

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81782

FILED
Mar 18, 2008
Secretary of State

Entity Name: MIAMI LAKES EYE CARE CENTER, P.A.

Current Principal Place of Business:

15600 NW 67TH AVENUE
SUITE 210
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15600 NW 67TH AVENUE
SUITE 210
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0026251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMBRAMO, BARBARA
15600 NW 67 AVE
SUITE 210
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ZAMBRANO, BARBARA
15600 NW 67 AVE
SUITE 210
MIAMI LAKES, FL 33014 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: BARBARA ZAMBRANO 03/18/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRENTACASTE, JOSEPH M
Address: 2659 EDGEWATER DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: SD () Delete
Name: ZAMBRANO, WILLIAM,
Address: 8627 GLENCAIRN TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: ZAMBRANO, BARBARA
Address: 8627 GLENCAIRN TERRACE
City-St-Zip: HIALEAH, FL 33016

Title: T () Delete
Name: ACONA, ADALBERTO B
Address: 15432 KIPPFORD CT.
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRENTACOSTE, JOSEPH
Address: 2659 EDGEWATER DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33332

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

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

Title: T (X) Change () Addition
Name: ACUNA, ADALBERTO B
Address: 15432 KIPPFORD CT.
City-St-Zip: MIAMI LAKES, FL 33014

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: WILLIAM ZAMBRANO PD 03/18/2008
Electronic Signature of Signing Officer or Director Date