

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000038264

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** MAITLAND VISION CENTER, P.A.

**Current Principal Place of Business:**

600 SOUTH ORLANDO AVE., STE. 300  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

600 SOUTH ORLANDO AVE., STE. 300  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-3691971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLSON, ROBERT A  
1211 VIA ESTRELLA  
WINTER PARK, FL 32789 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: ROBERT A WILLSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: WILLSON, ROBERT A  
Address: 1211 VIA ESTRELLA  
City-St-Zip: WINTER PARK, FL 32789

Title: DR  
Name: YEILDING, MARY W  
Address: 3723 DERRAN LANE  
City-St-Zip: ORLANDO, FL 32814

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: MARY W YEILDING

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

VP

10/05/2010

\_\_\_\_\_  
Date