

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050171

Entity Name: A & C VISION CARE INC.

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

10327 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10327 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-0503485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALMORI, CHRISTINE  
10327 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 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: P  
Name: BALMORI, ABRAHAM  
Address: 10327 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP  
Name: BALMORI, CHRISTINE  
Address: 10327 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

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: CHRISTINE BALMORI

VP

01/06/2011

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

\_\_\_\_\_ Date