

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68056

Entity Name: FIRST COAST EYE CARE, P. VERNON JONES, M.D., P.A.

Current Principal Place of Business:

1550 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

1550 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

FEI Number: 59-2795152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLD, KATHLEEN, HOLBROOK
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	S
Name	JONES, P. VERNON	Name	JONES, JOY, G
Address	1550 RIVERSIDE AVE	Address	1550 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL

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: JOY GAY JONES

SECRETARY

02/05/2013

Electronic Signature of Signing Officer/Director Detail

Date