

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010165

**Entity Name:** PINNACLE EYE CENTER, INC.

**Current Principal Place of Business:**

1649 W. EAU GALLIE BLVD  
STE 100  
MELBOURNE, FL 32935

**Current Mailing Address:**

1649 W. EAU GALLIE BLVD  
STE 100  
MELBOURNE, FL 32935

**FEI Number: 59-3625013**

**Certificate of Status Desired: No**

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

PAPPAS, REGINE  
514 LANTERNBACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937 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           | DP                           | Title           | DVY                          |
| Name            | PAPPAS, REGINE               | Name            | PAPPAS, COSTAS               |
| Address         | 514 LANTERNBACK ISLAND DRIVE | Address         | 514 LANTERNBACK ISLAND DRIVE |
| City-State-Zip: | SATELLITE BEACH FL 32937     | City-State-Zip: | SATELLITE BEACH FL 32937     |

*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: COSTAS PAPPAS**

**DVY**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date