## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142362

Entity Name: BAILEY EYE CARE, INC.

**Current Principal Place of Business:** 

234 SW SCOTT PLACE LAKE CITY, FL 32024

**Current Mailing Address:** 

234 SW SCOTT PLACE LAKE CITY. FL 32024

FEI Number: 20-1765326 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAILEY, PATRICIA L DR. 234 SW SCOTT PLACE LAKE CITY, FL 32024 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: DR PATRICIA BAILEY 03/04/2025

Electronic Signature of Registered Agent

Date

FILED Mar 04, 2025

**Secretary of State** 

0107665768CC

## Officer/Director Detail:

Title DR.

Name BAILEY, PATRICIA L
Address 234 SW SCOTT PLACE
City-State-Zip: LAKE CITY FL 32024

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.

**OWNER** 

Electronic Signature of Signing Officer/Director Detail