

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035645

Entity Name: I-CARE OPTICAL, P.A.

Current Principal Place of Business:

5537 SHELDON RD STE A
TAMPA, FL 33615

Current Mailing Address:

5537 SHELDON RD STE A
TAMPA, FL 33615

FEI Number: 20-4760212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASMAN, JEFFREY MESQ.
6152 DELANCEY STATION ST STE 205
RIVERVIEW, FL 33569 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 DPT
Name EFRE, ANTHONY DR.
Address 5537 SHELDON RD STE A
City-State-Zip: TAMPA FL 33615

Title DVS
Name EFRE, ANDREA
Address 5537 SHELDON RD STE A
City-State-Zip: TAMPA FL 33615

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: DR. ANTHONY EFRE

DPT

03/28/2013

Electronic Signature of Signing Officer/Director Detail

Date