

**2014 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

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date