## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117340

Entity Name: VISIONARY EYE CARE TAMPA, INC.

**Current Principal Place of Business:** 

17655 NORTH DALE MABRY LUTZ. FL 33548

**Current Mailing Address:** 

17655 NORTH DALE MABRY LUTZ, FL 33548

FEI Number: 77-0703386 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOK, JENNIFER BRADY 17655 NORTH DALE MABRY LUTZ, FL 33548 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

FILED Jan 09, 2015

**Secretary of State** 

CC2806842496

Officer/Director Detail:

Title P Title

Name COOK, JENNIFER BRADY Name COOK, MICHAEL

Address 17655 NORTH DALE MABRY Address 17655 NORTH DALE MABRY

City-State-Zip: LUTZ FL 33548 City-State-Zip: LUTZ FL 33548

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: JENNIFER BRADY COOK

**PRESIDENT** 

01/09/2015