

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000028830

Entity Name: DOCTOR SMITH EYE CARE, P.A.

Current Principal Place of Business:

1104 NE 2ND TERR
CAPE CORAL, FL 33909

Current Mailing Address:

1104 NE 2ND TERR
CAPE CORAL, FL 33909

FEI Number: 27-2264728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD SUITE 101
FORT MYERS, FL 33907 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 DPST
Name SMITH, RODNEY J
Address 1104 NE 2ND TERR
City-State-Zip: CAPE CORAL FL 33909

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: RODNEY J. SMITH

PRESIDENT

02/11/2014

Electronic Signature of Signing Officer/Director Detail

Date