

**2013 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**

**02/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date