

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000050171

**Entity Name:** A & C VISION CARE INC.

**Current Principal Place of Business:**

10327 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10327 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0503485

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BALMORI, CHRISTINE  
10327 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 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 P  
Name BALMORI, ABRAHAM  
Address 10327 ROYAL PALM BLVD  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name BALMORI, CHRISTINE  
Address 10327 ROYAL PALM BLVD  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** CHRISTINE BALMORI

**VICE PRESIDENT**

**01/26/2013**

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

\_\_\_\_\_  
Date