

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 241918

FILED
Apr 20, 2011
Secretary of State

Entity Name: MEDICAL ARTS OPTICAL SERVICES, INC.

Current Principal Place of Business:

HALIFAX PROFESSIONAL CENTER, SUITE #40
311 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

HALIFAX PROFESSIONAL CENTER, SUITE #40
311 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-0910635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, JENNY M
311 N. CLYNE MORRIS BLVD.
#40
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTD
Name: HAGEN, JENNY M
Address: 311 N CLYD MORRIS BV 480
City-St-Zip: DAYTONA BEACH, FL

Title: SD
Name: VAUGHAN, DAVID C
Address: 311 N CLYD MORRIS BV 480
City-St-Zip: DAYTONA BEACH, FL

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: DAVID VAUGHAN

SD

04/20/2011

Electronic Signature of Signing Officer or Director

Date