

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460170

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** CHILDREN'S EYE CLINIC, GIACOMO S. GUGGINO, M.D., P.A.

**Current Principal Place of Business:**

3115 SWANN AVE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3115 SWANN AVE.  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-1609407      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUGGINO, GIACOMO S. MD.  
3115 SWANN AVE.  
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GUGGINO, GIACOMO S MD  
Address: 3115 SWANN AVE  
City-St-Zip: TAMPA, FL 33609

Title: VPSD  
Name: BHASIN, DAWN R MD  
Address: 3115 SWANN AVE  
City-St-Zip: TAMPA, FL 33609

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: OSCHER CONSULTING PA AS CUSTODIAN

CUST

04/14/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date