

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 604039

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** EYE CENTERS OF FLORIDA, P.A.

**Current Principal Place of Business:**

4101 EVANS AVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

4101 EVANS AVE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 59-1429153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, BRUCE D  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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:** PD  
**Name:** BROWN, DAVID C  
**Address:** 4101 EVANS AVE  
**City-St-Zip:** FORT MYERS, FL 33901

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 C BROWN

PD

02/20/2010

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

\_\_\_\_\_  
Date