2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# F03000005303

Entity Name: BECKHAM VISION CARE, P.C.

Current Principal Place of Business:

464016 STATE RD. 200
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16445
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 58-2646438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKHAM, AMY
464016 STATE RD. 200
YULEE, FL 32097 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: PRES
Name: BECKHAM, AMY O.D.
Address: 464016 STATE RD. 200
City-St-Zip: YULEE, FL 32097

Title: ST
Name: HARPER, CATHY
Address: 6870 GRASSMOOR GRANGE WAY
City-St-Zip: CUMMING, GA 30040

Title: VCVP
Name: BECKHAM, AMY E O.D.
Address: 464016 STATE RD. 200
City-St-Zip: YULEE, FL 32097

Title: ACCT
Name: BUNK, BRYAN
Address: 4640 PHILIPS MANOR PL.
City-St-Zip: FERNANDINA BEACH, FL 32034

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: AMY E BECKHAM PRES 03/21/2012

Electronic Signature of Signing Officer or Director Date