

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004301

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CORRECTIONAL EYE CARE NETWORK SERVICES, INC.

**Current Principal Place of Business:**

2 MIDDLESEX ROAD  
EAST GREENBUSH, NY 12061

**New Principal Place of Business:**

**Current Mailing Address:**

2 MIDDLESEX ROAD  
EAST GREENBUSH, NY 12061

**New Mailing Address:**

**FEI Number:** 14-1803897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERGER, EDWARD OD  
10 PAYAYA STREET  
APT. 1006  
CLEARWATER BEACH, FL 33767 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: P  
Name: BERGER, EDWARD OD  
Address: 2 MIDDLESEX ROAD  
City-St-Zip: EAST GREENBUSH, NY 12061

Title: V  
Name: MAXON, MARK R OD  
Address: 2264 SCRANAC AVENUE  
City-St-Zip: LAKE PLACID, NY 12946

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: EDWARD BERGER

PRES

04/24/2012

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

\_\_\_\_\_  
Date