## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F52613

Entity Name: EYE CENTER, INC

819 35TH AVE DR W

PALMETTO, FL 34221

Address:

City-St-Zip:

FILED Jan 26, 2009 Secretary of State

_iicity ita		TER, IIVO.			
Current Principal Place of Business:			New Principal Place of Business:		
	RTEZ RD W FON, FL 34207	,			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	RTEZ RD W FON, FL 34207	,			
FEI Number	: 65-0456365	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
802 11TH	(, ROBERT G., AVE. WEST FON, FL 34205				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) MARCIN, JOHN 4338 14TH ST PALMETTO, FL	CR W	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) MURPHY, J. BF 4654 LAJOLLA BRADENTON, I	DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) MACKIE, MICH 819 35TH AVE PALMETTO, FL	DR W	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	V () MACKIE. SARA	Delete H S	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL A. MACKIE P 01/26/2009