

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F75363

1. Entity Name
FAMILY EYE CARE, P.A.



FILED

04 OCT 25 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1840 DUNN AVENUE
JACKSONVILLE, FL 32218 US

Mailing Address

1840 DUNN AVENUE
JACKSONVILLE, FL 32218 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-2207509

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AKEL, DANIEL D ESQ
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AKEL, GARY M
STREET ADDRESS 953 SOUTH LANE AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Delete

TITLE STD
NAME WATTS, JAMES
STREET ADDRESS 11808 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Caperton, Bruce M.
STREET ADDRESS 1840 Dunn Avenue, 4
CITY-ST-ZIP Jacksonville, FL 32218 ☐ Change ☒ Addition

TITLE
NAME 100042155951
STREET ADDRESS 10/25/04--01058--022 **150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-04

(904) 751-4483

Date

Daytime Phone #