

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F75363

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



Principal Place of Business
**1840 DUNN AVENUE
JACKSONVILLE, FL 32218 US**

Mailing Address
**1840 DUNN AVENUE
JACKSONVILLE, FL 32218 US**



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPERTON, BRUCE M 1840 DUNN AVENUE, 4 JACKSONVILLE, FL 32218
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07/27/05 80002 008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

7-26-05

904 751-4483