

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F75363

FILED
Jan 07, 2009
Secretary of State

Entity Name: FAMILY EYE CARE, P.A.

Current Principal Place of Business:

1840 DUNN AVENUE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

1840 DUNN AVENUE
#4
JACKSONVILLE, FL 32218 US

Current Mailing Address:

1840 DUNN AVENUE
JACKSONVILLE, FL 32218 US

New Mailing Address:

1840 DUNN AVENUE
#4
JACKSONVILLE, FL 32218 US

FEI Number: 59-2207509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPERTON, BRUCE M
Address: 1840 DUNN AVENUE, 4
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRUCE MATTHEW CAPERTON

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date