

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71218

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** EVA KAREN BOSWELL, OPTOMETRIST, O.D., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

108 AUBURN CT  
HAINES CITY, FL 33844

**New Principal Place of Business:**

515 LEMON AVE  
LAKE ALFRED, FL 33850

**Current Mailing Address:**

108 AUBURN CT  
HAINES CITY, FL 33844

**New Mailing Address:**

515 LEMON AVE  
LAKE ALFRED, FL 33850

FEI Number: 59-2569525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOSWELL, EVA KAREN  
108 AUBURN CT  
HAINES CITY, FL 33844 US

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

BOSWELL, EVA KAREN  
515 LEMON AVE  
LAKE ALFRED, FL 33850 US

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

04/12/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BOSWELL, E. KAREN  
Address: 515 LEMON AVE  
City-St-Zip: LAKE ALFRED, FL 33850

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: EVA KAREN BOSWELL

Electronic Signature of Signing Officer or Director

PRES

04/12/2012

Date