

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

PRES

04/12/2012

Electronic Signature of Signing Officer or Director

Date