

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89163

FILED
Apr 18, 2011
Secretary of State

Entity Name: NURSING HOME EYE CARE, INC.

Current Principal Place of Business:

120 PINE NEEDLE LANE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

120 PINE NEEDLE LANE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2749816 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAUGER, ROBERT R.
120 PINE NEEDLE LANE
ALTAMONTE SPRINGS, FL 32714 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

OFFICERS AND DIRECTORS:

Title: PTD
Name: MAUGER, ROBERT R.
Address: 120 PINE NEEDLE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SD
Name: MEIER, DOUGLAS L.
Address: 515 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: ROBERT R. MAUGER

PTD

04/18/2011

Electronic Signature of Signing Officer or Director

Date