

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16269

FILED
Jan 08, 2008
Secretary of State

Entity Name: EYE CARE CENTER LAB, INC.

Current Principal Place of Business:

906 PLYMOUTH AVE.
FORT PIERCE, FL 34982

New Principal Place of Business:

3798 OLEANDER AVE
SUITE 5
FORT PIERCE, FL 34982

Current Mailing Address:

906 PLYMOUTH AVE.
FORT PIERCE, FL 34982

New Mailing Address:

3798 OLEANDER AVE
SUITE 5
FORT PIERCE, FL 34982

FEI Number: 59-2687870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, WILLIAM
906 PLYMOUTH AVE.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

ROBERTS, WILLIAM
3798 OLEANDER AVE
SUITE 5
FORT PIERCE, FL 34982 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:

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, MARY P
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: VD () Delete
Name: JACOBS, JONATHAN W
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: SD () Delete
Name: WALKER, HAROLD M
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: TD () Delete
Name: JACOBS, CHERYL P
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHERYL P JACOBS

TD

01/08/2008

Electronic Signature of Signing Officer or Director

Date