2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# J16269

Entity Name: EYE CARE CENTER LAB, INC.

Current Principal Place of Business:

3798 OLEANDER AVE
SUTIE 5
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

3798 OLEANDER AVE
SUITE 5
FORT PIERCE, FL 34982

New Mailing Address:

PO BOX 1290
OCEAN SPRINGS, MS 39564

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
3798 OLEANDER AVE
SUITE 5
FORT PIERCE, FL 34982 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: 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: PD (X) Change ( ) Addition
Name: WALKER, MARY P
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: VD (X) Change ( ) Addition
Name: JACOBS, JONATHAN W
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: SD (X) Change ( ) Addition
Name: WALKER, HAROLD M
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: TD (X) Change ( ) Addition
Name: JACOBS, CHERYL P
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

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. JACBOS TD 03/24/2009

Electronic Signature of Signing Officer or Director — Date