2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# J35572

Entity Name: AKER KASTEN EYE CENTER, INC.

Current Principal Place of Business:

1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-2718647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKER, ALAN B
1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432 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: MGR
Name: AKER, ALAN B
Address: 3649 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL 33483

Title: STD
Name: KASTEN, ANN G
Address: 3649 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL 33483

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: ALAN B. AKER MD 01/12/2011

Electronic Signature of Signing Officer or Director Date