

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 08:00 AM
Secretary of State

DOCUMENT # J39943

1. Entity Name
CAPE CORAL EYE CENTER, P.A.



Principal Place of Business
4120 DEL PRADO BLVD.
CAPE CORAL, FL 33904

Mailing Address
P.O BOX 101427
CAPE CORAL, FL 33910



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2729764

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TYSON, FARRELL C II
4120 DEL PRADO BLVD.
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MARTIN, BENJAMIN G.
STREET ADDRESS	4120 DEL PRADO BLVD.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP/D
NAME	TYSON, FARRELL C II
STREET ADDRESS	4120 DEL PRADO BLVD.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/23/08-80003-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-8 239-542-0175

Date

Daytime Phone #