

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68124

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: EYE DOCTORS OPTICAL OUTLET OF LAKELAND, P.A.

## Current Principal Place of Business:

5709 JOHNS RD  
# 1209  
TAMPA, FL 33634 US

## New Principal Place of Business:

5607 JOHNS RD  
TAMPA, FL 33634 US

## Current Mailing Address:

5709 JOHNS ROAD  
SUITE 1209  
TAMPA, FL 33634

## New Mailing Address:

5607 JOHNS RD  
TAMPA, FL 33634 US

FEI Number: 59-2929687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIBLE, ROBERT W. JR.  
4600 W. CYPRESS STREET  
SUITE 500  
TAMPA, FL 33607 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: D ( ) Delete  
Name: LEWENSON, ROBERT N  
Address: 5709 JOHNS RD., STE 1209  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: RANEY, DENNIS B  
Address: 5401 W OAKRIDGE, #44  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEWENSON, ROBERT N  
Address: 5607 JOHNS RD.  
City-St-Zip: TAMPA, FL

Title: D (X) Change ( ) Addition  
Name: RANEY, DENNIS B  
Address: 5607 JOHNS RD  
City-St-Zip: TAMPA, FL 33634

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: ROBERT LEWENSON

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date