

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40391

FILED
Jan 19, 2011
Secretary of State

Entity Name: PHYSICIANS' OPTICAL LAB, INC.

Current Principal Place of Business:

502 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

502 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-2986417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FALLACE, JAMES H
1900 S. HICKORY STREET
MELBOURNE, FL 32901 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: DP
Name: BROUSSARD, WILLIAM J MD
Address: 502 E. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

Title: DV
Name: FREEMAN, NEAL MD
Address: 502 E. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

Title: DST
Name: PAYLOR, RALPH
Address: 502 E. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

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: WILLIAM J BROUSSARD

DR

01/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date