2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2011
Secretary of State

DOCUMENT# L92229

Entity Name: CENTER FOR EYE CARE & SURGERY, P.A.

Current Principal Place of Business:

1821 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1821 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0208821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVIANO MATAMOROS
1821 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 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: D
Name: MATAMOROS, SILVIANO MD
Address: 1821 SE PSL BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: PST
Name: MATAMOROS, SILVIANO MD
Address: 1821 SE PSL BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

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: SILVIANO MATAMOROS D 02/05/2011

Electronic Signature of Signing Officer or Director Date