# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2011**
**Secretary of State**

DOCUMENT# M89532

**Entity Name:** EYE HEALTH OF FORT MEYERS, INC.

**Current Principal Place of Business:**

6091 S POINTE BLVD
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6091 S POINTE BLVD
FT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number: 65-0065282** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

QUIGLEY, THOMAS A., III
6091 S POINTE BLVD
FT MYERS, FL 33919 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: PD
Name: QUIGLEY, THOMAS A. III
Address: 6091 S POINTE BLVD
City-St-Zip: FT. MYERS, FL 33919

Title: TD
Name: ZOLLA, RONALD W.
Address: 1 MICHAEL SUCCI DRIVE
City-St-Zip: PORTSMOUTH, FL 03801

Title: SD
Name: HIRSCH, JOHN A. PH.D.
Address: 12548 LAKE DENISE BLVD
City-St-Zip: CLERMONT, FL 34712

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: THOMAS A. QUIGLEY III PD 04/23/2011

Electronic Signature of Signing Officer or Director Date