2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2012
Secretary of State

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Entity Name: BONITA SPRINGS LIONS EYE CLINIC INCORPORATED

Current Principal Place of Business:

10322 PENNSYLVANIA
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

10322 PENNSYLVANIA
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 45-0560906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYS, FRANK W
4220 LAKE FOREST DR #912
BONITA SPRINGS, FL 34134 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: C
Name: HAYS, FRANK W
Address: 4220 LAKE FOREST DR #912
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P
Name: BLAD, STEVEN E
Address: 28470 MEADOWLARK LN
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST
Name: ZINSER, ANN
Address: 28441 WINTHROP CR
City-St-Zip: BONITA SPRINGS, FL 34134

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK HAYS DIR 03/09/2012

Electronic Signature of Signing Officer or Director — Date