2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

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Entity Name: OPTOMETRY CARES, INC.

Current Principal Place of Business:

8771 PERIMETER PARK COURT
JACKSONVILLE, FL 32216

New Principal Place of Business:

8771 PERIMETER PARK COURT
SUITE 101
JACKSONVILLE, FL 32216

Current Mailing Address:

8771 PERIMETER PARK COURT
JACKSONVILLE, FL 32216

New Mailing Address:

8771 PERIMETER PARK COURT
SUITE 101
JACKSONVILLE, FL 32216

FEI Number: 26-2066829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DERICKSON, JOHN C OD
12769 HIDDEN CIRCLE S.
JACKSONVILLE, FL 32225 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: P ( ) Delete
Name: DERICKSON, YVONNE
Address: 12769 HIDDEN CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: CLAFFIE, SEAN OD
Address: 14545 MIRAVELLE VISTA CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: T ( ) Delete
Name: DERICKSON, JOHN C OD
Address: 12969 HIDDEN CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: YVONNE DERICKSON P 04/22/2009

Electronic Signature of Signing Officer or Director — Date