2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# N38056

Entity Name: FOR EYE CARE FOUNDATION, INC.

Current Principal Place of Business:

6816 SOUTPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

New Principal Place of Business:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

Current Mailing Address:

6816 SOUTPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

New Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

FEI Number: 59-3051564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER
6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 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
Name: DOLIN, GARY MD
Address: 6060 26TH STREET W.
City-St-Zip: BRADENTON, FL 34207

Title: ST
Name: TRENTACOSTE, JOSEPH MD
Address: 15600 NW 67TH AVE #210
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP
Name: MICHAEL, LEVINE MD
Address: 1325 S. CONGRESS AVE., STE. 103
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ED
Name: SEYMOUR, CHRISTOPHER R ED
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

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: CHRISTOPHER SEYMOUR ED 04/11/2011

Electronic Signature of Signing Officer or Director — Date