

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002819

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** TAMPA BAY EYECARE NETWORK, INC.

**Current Principal Place of Business:**

43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2243  
TARPON SPRINGS, FL 346882243 US

**New Mailing Address:**

P O BOX 1608  
TARPON SPRINGS, FL 346881608 US

**FEI Number:** 59-3191783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDLAND, LEW  
43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 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: GILLS, JAMES P. III  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VD  
Name: HOUSER, J. BRADLEY  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DS  
Name: JESSEN, ERIC  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: JAMES P. GILLS III

PD

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date