2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

DOCUMENT# N93000002819

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 1608
TARPON SPRINGS, FL 346881608 US

New Mailing Address:

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: ADLER, SHEPARD
Address: 1115 62ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: VD
Name: WINKLER, PHILIP
Address: 2416 W. BRANDON BLVD.
City-St-Zip: BRANDON, FL 33511 US

Title: SD
Name: WINKLER, RUTH
Address: 307 BRANDON TOWN CENTER
City-St-Zip: BRANDON, FL 33511 US

Title: T
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: SHEPARD ADLER PD 02/08/2011

Electronic Signature of Signing Officer or Director — Date