2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P00000014524

Entity Name: ULTIMATE EYE CARE P.A.

Current Principal Place of Business:

700 NORTH RIVER RD.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

700 NORTH RIVER RD.
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0979977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, SHERRY
700 N RIVER ROAD
VENICE, FL 34293 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD
Name: THOMPSON, KEITH M
Address: 700 N RIVER RD.
City-St-Zip: VENICE, FL 34293

Title: STD
Name: THOMPSON, SHERRY
Address: 700 N RIVER RD.
City-St-Zip: VENICE, FL 34293

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

SIGNATURE: SHERRY THOMPSON T 04/29/2010

Electronic Signature of Signing Officer or Director Date