

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074697

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC EYE INSTITUTE, P.A.

**Current Principal Place of Business:**

3316 THIRD STREET SOUTH  
SUITE 103  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

152 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 59-3662455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHMUNES, PATRICIA S  
152 UNIVERSITY BLVD., NORTH  
JACKSONVILLE, FL 32211 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: D  
Name: SHMUNES, NEIL T  
Address: 152 UNIVERSITY BLVD. NORTH  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: SIMMONS, RICHARD L  
Address: 211 BEACH AVENUE  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: NEIL T. SHMUNES

PRES

04/26/2011

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

\_\_\_\_\_ Date