

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000076942

Entity Name: L. LAMAR YOUMANS O.D., INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

100 N. MAIN STREET  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. MAIN STREET  
LABELLE, FL 33935

**New Mailing Address:**

FEI Number: 65-1036712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOUMANS, L. LAMAR  
100 N. MAIN ST  
LABELLE, FL 33935 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: DR.  
Name: YOUMANS, L. LAMAR  
Address: 100 N. MAIN ST  
City-St-Zip: LABELLE, FL 33935

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: L.LAMAR YOUMANS

DR.

01/05/2011

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

\_\_\_\_\_  
Date