2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049393

Entity Name: WALESBY VISION CENTER, P.A.

13918 CHERRY DALE LN

TAMPA, FL 33618

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2510 W WATERS AVE TAMP, FL 336141853 **Current Mailing Address: New Mailing Address:** 2510 W WATERS AVE TAMP, FL 336141853 FEI Number: 59-3721846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALESBY, JOHN R 2510 W WATERS AVE TAMP, FL 336141853 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WALESBY, JOHN R Name: Name: 2510 W WATERS AVE Address: Address: City-St-Zip: TAMPA, FL 336141853 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition THOMAS, NICK DR. Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. NICK THOMAS VP 05/01/2009