2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P01000114376

Entity Name: CONCIERGE EYE CARE OF NAPLES, INC.

Current Principal Place of Business:

728 NINTH STREET NORTH
NAPLES OPTICAL
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 111557
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3759888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD
Name: CRITTENDEN, ERIC M
Address: PO BOX 111557
City-St-Zip: NAPLES, FL 34108

Title: PSTD
Name: CRITTENDEN, ERIC N
Address: PO BOX 111557
City-St-Zip: NAPLES, FL 34108

Title: PSTD
Name: CRITTENDEN, ERIC M
Address: PO BOX 111557
City-St-Zip: NAPLES, FL 34108

Title: PSTD
Name: CRITTENDEN, ERIC M
Address: PO BOX 111557
City-St-Zip: NAPLES, FL 34108

Title: PSTD
Name: CRITTENDEN, ERIC M
Address: PO BOX 111557
City-St-Zip: NAPLES, FL 34108

Title: PSTD
Name: CRITTENDEN, ERIC M
Address: PO BOX 111557
City-St-Zip: NAPLES, FL 34108

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: ERIC M. CRITTENDEN PRES 01/12/2011

Electronic Signature of Signing Officer or Director — Date