2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009543

Entity Name: EYE CARE PROFESSIONALS, P.A.

3674 HAMILTON KEY

WEST PALM BEACH, FL 334116466

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3674 HAMILTON KEY WEST PALM BEACH, FL 334116466 **Current Mailing Address: New Mailing Address:** 3674 HAMILTON KEY WEST PALM BEACH, FL 334116466 FEI Number: 80-0021929 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: GEORGE, WILLIAM S 3674 HAMILTON KEY WEST PALM BEACH, FL 334116466 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PS () Delete Title: () Change () Addition GEORGE, WILLIAM S Name: Name: 3674 HAMILTON KEY Address: Address: City-St-Zip: WEST PALM BEACH, FL 334116466 City-St-Zip: Title: VP,T () Delete Title: () Change () Addition Name: GEORGE, BARBARA A 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: BARBARA GEORGE VP 04/17/2009