

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000011519

**Entity Name:** VISION OF EXCELLENCE, INC.

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5219 BOX TURTLE CIR  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5219 BOX TURTLE CIR  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 03-0408618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCOY, SEAN P VP  
1829 SOUTH TAMiami TRAIL  
VENICE, FL 34292 US

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

MCCOY, SEAN P VP  
5219 BOX TURTLE CIR  
SARASOTA, FL 34232 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

04/23/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZAREM, KARY  
Address: 5219 BOX TURTLE CIR  
City-St-Zip: SARASOTA, FL 34232

Title: RA  
Name: MCCOY, SEAN P  
Address: 5219 BOX TURTLE CIR  
City-St-Zip: SARASOTA, FL 34232

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: KARY ZAREM

P

04/23/2011

Electronic Signature of Signing Officer or Director

Date