

2008 FOR PROFIT CORPORATION ANNUAL REPORT


1/9/2

FILED
Feb 07, 2008 8:00 am
Secretary of State

01-09-2008 90011 039 ***150.00

DOCUMENT # P02000012308

1. Entity Name
 FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A.



Principal Place of Business 8833 PERIMETER PK BLVD #403 JACKSONVILLE, FL 32216	Mailing Address 8833 PERIMETER PK BLVD #403 JACKSONVILLE, FL 32216
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01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0579835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~KENNEY, THERESA M~~
 FORD, JETER, BOWLUS, DUSS, MORGAN, P.A.
 10110 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when releasing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR KOENIGSBERG, ADAM M.D. 8833 PERIMETER PK BLVD #403 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adam Koenigsberg 2/4/08 904-996-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P