

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045962

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: NEWCOMER EYECARE II, P.A.

**Current Principal Place of Business:**

3636 N LECANTO HWY  
BEVERLY HILLS, FL 34465

**New Principal Place of Business:**

**Current Mailing Address:**

3636 N LECANTO HWY  
BEVERLY HILLS, FL 34465

**New Mailing Address:**

FEI Number: 82-0544005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWCOMER, JAY D  
3636 N LECANTO HWY  
BEVERLY HILLS, FL 34465 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NEWCOMER, JAY  
Address: 3636 N LECANTO HWY  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S ( ) Delete  
Name: NEWCOMER, ANNE  
Address: 1249 N.W. 2ND TERRACE  
City-St-Zip: CRYSTAL RIVER, FL 34428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: JAY NEWCOMER

P

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date