

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052727

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** SUNCOAST MEDICAL VISION INC

**Current Principal Place of Business:**

317 148TH COURT NE  
BRADENTON, FL 34212

**New Principal Place of Business:**

**Current Mailing Address:**

317 148TH COURT NE  
BRADENTON, FL 34212

**New Mailing Address:**

**FEI Number:** 01-0715637      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RICHARDSON, ROBERT  
317 148TH COURT NE  
BRADENTON, FL 34212      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:** PTS  
**Name:** RICHARDSON, ROBERT  
**Address:** 317 148TH COURT NE  
**City-St-Zip:** BRADENTON, FL 34212

**Title:** VP  
**Name:** RICHARDSON, ERIKA  
**Address:** 317 148TH CT NE  
**City-St-Zip:** BRADENTON, FL 34212

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: ROBERT RICHARDSON

PRES

01/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date