

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105249

Entity Name: WEST COAST EYE CARE, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

15640 NEW HAMPSHIRE CT.
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15640 NEW HAMPSHIRE CT.
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 52-2380625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AOUCHICHE, RACHID M.D.
7847 CAMERON CIRCLE
FT. MYERS, FL 33912 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: OWN () Delete
Name: AOUCHE, RACHID M.D.
Address: 7847 CAMERON CIR.
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: AOUCHE, KIM
Address: 7847 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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: KIM AOUCHE

OFC

02/17/2009

Electronic Signature of Signing Officer or Director

Date