2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# P02000105249

Entity Name: WEST COAST EYE CARE, INC.

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 (X)**

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
Name: AOUCHICHE, RACHID M.D.
Address: 7847 CAMERON CIR.
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: AOUCHICHE, KIM
Address: 7847 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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: RACHID AOUCHICHE, M.D. OWNE 01/11/2010

Electronic Signature of Signing Officer or Director Date