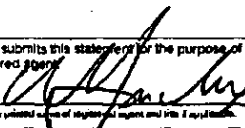
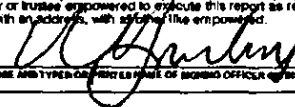


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06-09-2003 90123 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105249			55049263
1. Entity Name WEST COAST EYE CARE, INC.			
Principal Place of Business 15640 NEW HAMPSHIRE CT. FT. MYERS, FL 33908		Mailing Address 15640 NEW HAMPSHIRE CT. FT. MYERS, FL 33908	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2380625		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1620 ROYAL PALM SQ. BLVD., SUITE 320 FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name Rachid Aouchiche, M.D. Street Address (P.O. Box Number is Not Acceptable) 7847 Cameron Circle City FORT MYERS FL 33912	
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 		DATE 6/4/03	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE OWNER NAME Rachid Aouchiche, M.D. STREET ADDRESS 7847 Cameron Circle CITY-STATE-ZIP FT MYERS FL 33912		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE DIRECTOR NAME Kim Aouchiche STREET ADDRESS 7847 Cameron Circle CITY-STATE-ZIP FT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 signature like empowered.			
SIGNATURE: 		DATE 6/4/03 239-466-3111	