

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008420

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** LOPRESTO EYE CARE, INC

**Current Principal Place of Business:**

13801 BRUCE B. DOWNS BLVD., SUITE #301  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

13801 BRUCE B. DOWNS BLVD., SUITE #301  
TAMPA, FL 33613 US

**New Mailing Address:**

FEI Number: 13-4235270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: PRES  
Name: LOPRESTO, CHRISTOPHER MD  
Address: 13801 BRUCE B. DOWNS, SUITE 301  
City-St-Zip: TAMPA, FL 33613 US

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: AMY L MARTIN

CPA

02/09/2010

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

\_\_\_\_\_ Date