

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063240

Entity Name: ADVANTICA EYECARE, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

19321-C US HIGHWAY 19 N  
SUITE 320  
CLEARWATER, FL 33764

## New Principal Place of Business:

## Current Mailing Address:

19321-C US HIGHWAY 19 N  
SUITE 320  
CLEARWATER, FL 33764

## New Mailing Address:

FEI Number: 81-0617310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORD, HARVEY A  
C/O FORD & FORD, P.A.  
575 SECOND AVE. S., #201  
ST. PETERSBURG, FL 33701 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: MR ( ) Delete  
Name: SANCHEZ, RICHARD L CEO/P  
Address: 19321-C US HIGHWAY 19 N, SUITE 320  
City-St-Zip: CLEARWATER, FL 33764

Title: MR ( ) Delete  
Name: PRICE, JOSEPH V CFO  
Address: 19321-C US HIGHWAY 19 N, SUITE 320  
City-St-Zip: CLEARWATER, FL 33764

Title: MS ( ) Delete  
Name: SAUER, LINDA S COO  
Address: 3290 PINE ORCHARD LANE, SUITE D  
City-St-Zip: ELLICOTT CITY, MD 21042

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOELLEN WOOTEN

CONT

03/19/2009

Electronic Signature of Signing Officer or Director

Date