

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000096213

Entity Name: COASTAL EYE CARE, INC.

FILED
May 13, 2006
Secretary of State

Current Principal Place of Business:

11031 US HWY 19 STE 106
PORT RICHEY, FL 34668

New Principal Place of Business:

10508 TECOMA DRIVE
TRINITY, FL 34655

Current Mailing Address:

11031 US HWY 19 STE 106
PORT RICHEY, FL 34668

New Mailing Address:

10508 TECOMA DRIVE
TRINITY, FL 34655

FEI Number: 06-1707180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIZZA, JAMES T
11031 US HWY 19 STE 106
PORT RICHEY, FL 34668 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: JAMES T PIZZA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PIZZA, JAMES T
Address: 10508 TACOMA DR
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES T PIZZA

Electronic Signature of Signing Officer or Director

PRES

05/13/2006

Date