2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2011
Secretary of State

DOCUMENT# P04000017174

Entity Name: EYE CARE PHYSICIANS, INC.

Current Principal Place of Business:

5101 NORTH DAVIS PARKWAY
PENSACOLA, FL 32503 US

New Principal Place of Business:

5101 NORTH DAVIS HWY
PENSACOLA, FL 32503 US

Current Mailing Address:

5101 NORTH DAVIS PARKWAY
PENSACOLA, FL 32503 US

New Mailing Address:

5101 NORTH DAVIS HWY
PENSACOLA, FL 32503 US

FEI Number: 20-0918622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R. LANE LYNCHARD, P.A.
1901 ANDORRA STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

SPEAR, CARL H OD
5101 N DAVIS HWY
PENSACOLA, FL 32503 US

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: CARL H SPEAR 11/03/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: SPEAR, CARL H
Address: 5101 NORTH DAVIS PARKWAY
City-St-Zip: PENSACOLA, FL 32503 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: CARL H SPEAR, OD OWN 11/03/2011
Electronic Signature of Signing Officer or Director Date