

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060952

FILED
Feb 11, 2008
Secretary of State

Entity Name: PROVISION LASER EYE CENTER, P.A.

Current Principal Place of Business:

501 S INDIANA AVENUE
ENGLEWOOD, FL 34225

New Principal Place of Business:

Current Mailing Address:

1219 JACARANDA BLVD.
VENICE, FL 34292

New Mailing Address:

FEI Number: 20-0982670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURRETT, SCOTT
1219 JACARANDA BLVD
VENICE, FL 34292 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: D () Delete
Name: DURRETT, SCOTT
Address: 1219 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: DURRETT, SCOTT
Address: 1219 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

Title: MGR () Change (X) Addition
Name: HOKAMP, NADINE L
Address: 1219 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

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: NADINE HOKAMP

MGR

02/11/2008

Electronic Signature of Signing Officer or Director

Date