

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060952

FILED
Jan 06, 2011
Secretary of State

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

Current Principal Place of Business:

1219 JACARANDA BLVD.
VENICE, FL 34292

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:

PROVISION LASER EYE CENTER
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

OFFICERS AND DIRECTORS:

Title: DR.
Name: DURRETT, SCOTT P
Address: 1219 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

Title: MGR
Name: HOKAMP, NADINE L
Address: 1219 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

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: NADINE L. HOKAMP

MGR

01/06/2011

Electronic Signature of Signing Officer or Director

Date