

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000103919

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRIC EYE ASSOCIATES, INC.

**Current Principal Place of Business:**

1951 SW 172ND AVENUE  
SUITE 301  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1951 SW 172ND AVENUE  
SUITE 301  
MIRAMAR, FL 33029

**New Mailing Address:**

**FEI Number:** 03-0545396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUBROW DUKER & ASSOCIATES  
5401 N. UNIVERSITY DRIVE, STE 204  
CORAL SPRINGS, FL 33065 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: P  
Name: LAL, GARIMA  
Address: 3400 NE 192ND ST PH 9  
City-St-Zip: AVENTURA, FL 33180

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: GARIMA LAL

PRES

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date