2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P04000136184

Entity Name: ALTAMONTE EYE CARE, INC.

Current Principal Place of Business:

931 NORTH STATE ROAD 434
1140
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

931 NORTH STATE ROAD 434
1140
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-1133247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIETZ, WILLIAM J
334 S WYMORE RD
WINTER PARK, FL 32789 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: D
Name: REED, CHRISTOPHER W
Address: 931 NORTH STATE ROAD 434 SUITE 1140
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CHRISTOPHER REED D 04/29/2011

Electronic Signature of Signing Officer or Director Date