

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018710

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH EYE CENTER, INC.

**Current Principal Place of Business:**

5057 S CONGRESS AVE  
SUITE 403  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

5057 S CONGRESS AVE  
SUITE 403  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 71-0977659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELDS, GARY D  
ADMIRALTY TOWER-SUITE 900  
4400 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

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

WALLSHEIN, JAY S  
5057 S CONGRESS AVE  
SUITE 403  
LAKE WORTH, FL 33461 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: JAY S WALLSHEIN

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: WALLSHEIN, JAY  
Address: 5057 S. CONGRESS AVE, SUITE 403  
City-St-Zip: ATLANTIS, FL 33461

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: JAY S WALLSHEIN

PRES

03/28/2012

Electronic Signature of Signing Officer or Director

Date