

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000054165

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** ANIMAL EYE CLINICS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

3444 SOUTHSIDE BOULEVARD, SUITE 104  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3444 SOUTHSIDE BOULEVARD, SUITE 104  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-2833013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORGAN, ROBERT M  
BOWLUS, DUSS, MORGAN, KENNEY, SAFER  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 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:** ROBERT M MORGAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CHANDLER, MATTHEW DR.  
**Address:** 3444 SOUTHSIDE BOULEVARD, SUITE 104  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** D  
**Name:** BROWN, DANIEL DR.  
**Address:** 3444 SOUTHSIDE BOULEVARD, SUITE 104  
**City-St-Zip:** JACKSONVILLE, FL 32216

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:** DANIEL R BROWN

PRES

09/29/2010

Electronic Signature of Signing Officer or Director

Date