2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

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Entity Name: MUSEUM EYECARE O.D., P.A.

Current Principal Place of Business:

5400 SW COLLEGE RD
SUITE 106
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

5400 SW COLLEGE RD
SUITE 106
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-3177656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSE, JAMES A
5400 SW COLLEGE RD
SUITE 106
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32602 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: ANTHONY J. SALZMAN 04/04/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR
Name: MUSE, JAMES A
Address: 12008 DELAWARE ST
City-St-Zip: DUNNELLON, FL 34431

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: JAMES A. MUSE PRES 04/04/2011
Electronic Signature of Signing Officer or Director Date