

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124069

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** V. MARK MCCLINTIC, O.D. AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

2628 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

**New Principal Place of Business:**

10024 S.W. 65TH TERR.  
OCALA, FL 34476 US

**Current Mailing Address:**

2628 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

**New Mailing Address:**

10024 S.W. 65TH TERR.  
OCALA, FL 34476 US

**FEI Number:** 20-3867375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLINTIC, V MARK  
2628 TAMIAMI TR.N..  
NAPLES, FL 34103 US

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

MCCLINTIC, V MARK  
10024 S.W. 65TH TERR.  
OCALA, FL 34476 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: V.MARK MCCLINTIC

02/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCLINTIC, V. MARK  
Address: 10024 S.W. 65TH TERR.  
City-St-Zip: OCALA, FL 34476 US

Title: VP  
Name: MCCLINTIC, ROXANNE H  
Address: 10024 S.W. 65TH TERR.  
City-St-Zip: OCALA, FL 34476 US

Title: S  
Name: MCCLINTIC, V. MARK  
Address: 10024 S.W. 65TH TERR.  
City-St-Zip: OCALA, FL 34476 US

Title: T  
Name: MCCLINTIC, V. MARK  
Address: 10024 S.W. 65TH TERR.  
City-St-Zip: OCALA, FL 34476 US

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: V.MARK MCCLINTIC

PRES

02/20/2011

Electronic Signature of Signing Officer or Director

Date