2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 07, 2007
Secretary of State

DOCUMENT# P05000127306

Entity Name: C & D EYE CARE, P.A.

Current Principal Place of Business:

4125 CLEVELAND AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

950 HANCOCK CREEK S. BLVD #325
#325
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-3538272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGATT, DONNA
950 HANCOCK CREEK S. BLVD. #325
#325
CAPE CORAL, FL 33909 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 ( ) Delete
Name: MANGATT, DONNA
Address: 5031 SW 90TH AVE
City-St-Zip: COOPER CITY, FL 33328

Title: D (X) Delete
Name: VEERSAMMY, CHANTAL
Address: 3500 NW 84TH TERR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA MANGATT D 08/07/2007

Electronic Signature of Signing Officer or Director — Date