# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# P05000138009

**Entity Name:** PROFESSIONAL FAMILY EYECARE, INC.

**Current Principal Place of Business:**

137 SOUTH STATE ROAD 7
SUITE 303
ROYAL PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

137 SOUTH STATE ROAD 7
SUITE 303
ROYAL PALM BEACH, FL 33414

**New Mailing Address:**

**FEI Number: 20-3771512** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

REITER, JOLENE A OD
216 E. SARATOGA BLVD
ROYAL PALM BEACH, FL 33411 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: OD ( ) Delete
Name: REITER, JOLENE A
Address: 216 E. SARATOGA BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOLENE A REITER OD OD 04/27/2009

Electronic Signature of Signing Officer or Director Date