

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043857

Entity Name: BW VISION CARE, P.A.

FILED  
Jan 25, 2011  
Secretary of State

**Current Principal Place of Business:**

10108 MONTAGUE ST.  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

10108 MONTAGUE ST.  
TAMPA, FL 33626 US

**New Mailing Address:**

FEI Number: 20-4577440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONILLA-WARFORD, CRISTINA M  
10108 MONTAGUE ST.  
TAMPA, FL 33626 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: P  
Name: BONILLA-WARFORD, NATHAN J  
Address: 5100 BURCHETTE RD UNIT 2303  
City-St-Zip: TAMPA, FL 33647 US

Title: VP  
Name: BONILLA-WARFORD, CRISTINA M  
Address: 5100 BURCHETTE RD UNIT 2303  
City-St-Zip: TAMPA, FL 33647 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: CRISTINA BONILLA-WARFORD

VP

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date