

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071284

Entity Name: I - VISION OPTOMETRY, PA

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

13227 CITY SQUARE DR
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

13227 CITY SQUARE DR
JACKSONVILLE, FL 32218 US

New Mailing Address:

10961 BURNT MILL RD
#333
JACKSONVILLE, FL 32256 US

FEI Number: 20-4932107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HO, ALINA
13227 CITY SQUARE DR
JACKSONVILLE, FL 32218 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: D () Delete
Name: HO, ALINA
Address: PO BOX 18553
City-St-Zip: JACKSONVILLE, FL 32229 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HO, ALINA
Address: 10961 BURNT MILL RD #333
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALINA HO

D

01/13/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date