

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 033 ***150.00

DOCUMENT # P06000144692

1. Entity Name

BRAVO EYE CARE CENTER, INC.



Principal Place of Business

6024 LEMON TREE COURT
TAMPA FL 33625

Mailing Address

6024 LEMON TREE COURT
TAMPA FL 33625



2. Principal Place of Business - No P.O. Box #

325 MARION OAKS CRSE

3. Mailing Address

325 MARION OAKS CRSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

OCALA

FLORIDA

City & State

OCALA

FLORIDA

4. FEI Number

22-3947293

Applied For

Not Applicable

Zip

34473

Country

MARION

Zip

34473

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANO, RAYMOND M.D.
6024 LEMON TREE CT
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raymond Brano*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

1/31/08

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BRAVO, RAYMOND DR.
STREET ADDRESS 6024 LEMON TREE COURT
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE VTD
NAME BRAVO, NINETTE
STREET ADDRESS 6024 LEMON TREE COURT
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINETTE BRAVO (VTD) *Ninette Bravo* 1/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #