2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000006094

Entity Name: DR. FORECKI AND ASSOCIATES,P.A.,OPTOMETRISTS

Current Principal Place of Business:

WALMART OPTICAL CENTER
137 W.NORTH AVENUE
NORTHLAKE, IL 60164

New Principal Place of Business:

Current Mailing Address:

WALMART OPTICAL CENTER
137 W.NORTH AVENUE
NORTHLAKE, IL 60164

New Mailing Address:

128 PATRICIA DR
SCHAUMBURG, IL 60193

FEI Number: 26-1759504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORECKI, DIANE G
27220 J C LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

FORECKI, DIANE G
27220 JC LANE
BONITA SPRINGS, FL 34135 US

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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORECKI, DIANE
Address: 27220 J C LANE
City-St-Zip: BOITA SPRINGS, FL 34135

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: DIANE G FORECKI PRES 04/30/2009
Electronic Signature of Signing Officer or Director — Date