

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047459

**Entity Name:** INSIGHT FAMILY EYECARE, P.A.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

27607 STATE RD 56  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

27607 STATE RD 56  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

FEI Number: 35-2335801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHURCH, LESLIE A DR  
3516 EAST LAKE DRIVE  
LAND O' LAKES, FL 34639 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: DR.  
Name: CHURCH, LESLIE A  
Address: 3516 EAST LAKE DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639 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: LESLIE CHURCH

DR.

04/14/2011

Electronic Signature of Signing Officer or Director

Date