

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051176

FILED
Mar 29, 2011
Secretary of State

Entity Name: LAWRENCE EYE CARE P.A.

Current Principal Place of Business:

3599 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1780 S. STATE RD. 7
#101
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

FEI Number: 26-2665130 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAWRENCE, ELISE A DR.
1780 S. STATE RD. 7
#101
NORTH LAUDERDALE, FL 33068 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: LAWRENCE, ELISE A DR.
Address: 1780 S. STATE RD. 7 #101
City-St-Zip: NORTH LAUDERDALE, FL 33068 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: ELISE LAWRENCE

P

03/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date