

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066349

Entity Name: BLAHNIK EYE CARE, INC.

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

682 FERNCLIFF DRIVE  
PORT ORANGE, FL 32127

## Current Mailing Address:

682 FERNCLIFF DRIVE  
PORT ORANGE, FL 32127

## New Principal Place of Business:

3740 S. RIDGEWOOD AVE  
UNIT 103  
PORT ORANGE, FL 32129

## New Mailing Address:

3740 S. RIDGEWOOD AVE  
UNIT 103  
PORT ORANGE, FL 32129

FEI Number: 26-2962856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAHNIK, SUZETTE A  
682 FERNCLIFF DRIVE  
PORT ORANGE, FL 32127 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: DPST ( ) Delete  
Name: BLAHNIK, SUZETTE A  
Address: 682 FERNCLIFF DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete  
Name: BLAHNIK, GREGORY F  
Address: 682 FERNCLIFF DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DR SUZETTE BLAHNIK

P

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date