## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000067327

Entity Name: LASIK CHOICE, INC

FILED Jan 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7900 PETERS RD BLDG B SUITE 101 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

 2625 EXECUTIVE PARK DR
 7900 PETERS RD

 #4
 BLDG B SUITE 101

 WESTON, FL 33331
 PLANTATION, FL 33324

FEI Number: 26-2985275 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MUTYALA, SRINI
2625 EXECUTIVE PARK DR
44
WESTON, FL 33331 US
MUTYALA, SRINI
333 LAS OLAS WAY
#2501
FORT LAUDERDALE, FL 33301 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: SRINI MUTYALA 01/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: MUTYALA, SRINI Name: MUTYALA, SRINI

 Address:
 2625 EXECUTIVE PARK DR #4
 Address:
 333 LAS OLAS WAY #2501

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:
 FORT LAUDERDALE, FL 33301

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: SRINI MUTYALA P 01/18/2009