

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000083545

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** EYE SITE VISION CENTER III, INC.

**Current Principal Place of Business:**

9874 YAMATO ROAD  
BAY 120  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

2490 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 US

**New Mailing Address:**

**FEI Number:** 26-3336124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOBERVILLE OD, GARY  
2490 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 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:** PV  
**Name:** GOBERVILLE,OD, GARY  
**Address:** 2490 NORTH FEDERAL HIGHWAY  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064 US

**Title:** STD  
**Name:** GOBERVILLE, TAWNIE  
**Address:** 2490 N FEDERAL HWY  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064 US

**Title:** D  
**Name:** GOBERVILLE OD, GARY  
**Address:** 2490 NORTH FEDERAL HIGHWAY  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064 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:** GARY GOBERVILLE

PRES

02/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date