

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085851

Entity Name: REGAL EYE CARE, P.A.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

6453 NW FAGAN STREET  
PORT ST. LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

6453 NW FAGAN STREET  
PORT ST. LUCIE, FL 34986

## New Mailing Address:

P.O. BOX 881341  
PORT ST. LUCIE, FL 34988

FEI Number: 26-3387495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, SHARON M OD  
6453 NW FAGAN STREET  
PORT ST. LUCIE, FL 34986 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: D ( ) Delete  
Name: GORDON, SHARON M OD  
Address: 6453 NW FAGAN STREET  
City-St-Zip: PORT ST. LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHARON M. GORDON

D

04/24/2009

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

\_\_\_\_\_  
Date