2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# P08000085851

Entity Name: REGAL EYE CARE, P.A.

Current Principal Place of Business:

2144 W. INDIANTOWN ROAD
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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: SHARON M. GORDON PRES 02/21/2011

Electronic Signature of Signing Officer or Director Date