2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P09000083100

Entity Name: CENTRAL FLORIDA EYE CARE ASSOCIATES, INC.

Current Principal Place of Business:

1815 EAST FOWLER AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1815 EAST FOWLER AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 27-1130145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERREZZA, GENE J
5593 STEWART STREET
MILTON, FL 32570 US

Name and Address of New Registered Agent:

CARLSON, RUBEN E
1815 E. FOWLER AVE
TAMPA, FL 33612 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: RUBEN E. CARLSON 02/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: TERREZZA, GENE J
Address: 5593 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: VP
Name: CARLSON, ERIC
Address: 1815 E FOWLER AVE
City-St-Zip: TAMPA, FL 33612

Title: S
Name: TERREZZA, GENE J
Address: 5593 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: T
Name: HOLLIS, BRANNING
Address: 5593 STEWART STREET
City-St-Zip: MILTON, FL 32570

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: RUBEN E. CARLSON VP 02/17/2011
Electronic Signature of Signing Officer or Director Date