

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091468

Entity Name: JAX VISION CARE, P.A.

FILED
Apr 30, 2010
Secretary of State

Current Principal Place of Business:

2255 DUNN AVENUE
SUITE 101B
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

12020 HARNESS COURT
JACKSONVILLE, FL 32246

New Mailing Address:

2255 DUNN AVENUE
SUITE 101B
JACKSONVILLE, FL 32218

FEI Number: 27-1338033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIRITO & GOODE, P.L.
320 1ST STREET NORTH
SUITE 613
JACKSONVILLE BEACH, FL 32250 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
Name: KING, COLLEEN M
Address: 12020 HARNESS COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: BROWN, JEFFREY D
Address: 4170 CROWN WOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

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: JEFFREY DAVID BROWN

O.D.

04/30/2010

Electronic Signature of Signing Officer or Director

Date