2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P09000091468

Entity Name: JAX VISION CARE, P.A.

Current Principal Place of Business:

2255 DUNN AVENUE
SUITE 101B
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

2255 DUNN AVENUE
SUITE 101B
JACKSONVILLE, FL 32218

New Mailing Address:

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

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 D BROWN D 04/29/2011

Electronic Signature of Signing Officer or Director — Date