

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000027148

Entity Name: ASL OPTOMETRY INC

FILED  
Apr 30, 2012  
Secretary of State

**Current Principal Place of Business:**

5106 COOPERS HAWK CT  
VALRICO, FL 33596 US

**New Principal Place of Business:**

5106 COOPERS HAWK CT  
STREET LINE 2  
VALRICO, FL 33596 US

**Current Mailing Address:**

5106 COOPERS HAWK CT  
VALRICO, FL 33596 US

**New Mailing Address:**

5106 COOPERS HAWK CT  
STREET LINE 2  
VALRICO, FL 33596 US

FEI Number: 27-2226443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUKOSE, ANN S  
5106 COOPERS HAWK CT  
VALRICO, FL 33596 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: PST  
Name: LUKOSE, ANN S  
Address: 5106 COOPERS HAWK CT  
City-St-Zip: VALRICO, FL 33596 US

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: ANN SONIA LUKOSE

PST

04/30/2012

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

\_\_\_\_\_ Date