

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055486

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** EMERALD COAST OPTOMETRY ASSOCIATES, PA

**Current Principal Place of Business:**

11240 PANAMA CITY BEACH PARKWAY, SUITE 102  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

11570 PANAMA CITY BEACH PKWY  
STE B  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

11240 PANAMA CITY BEACH PARKWAY, SUITE 102  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

4418 COMMONS DR E  
STE A  
DESTIN, FL 32541

**FEI Number:** 27-2992660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOWLER, SHANNON D  
4418 COMMONS DR E, SUITE A  
DESTIN, FL 32541 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: P  
Name: FOWLER, SHANNON D  
Address: 4418 COMMONS DR E STE A  
City-St-Zip: DESTIN, FL 32541

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: SHANNON FOWLER

P

04/06/2011

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

\_\_\_\_\_  
Date