

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000056852

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** GAINESVILLE VISION CENTER P.A.

**Current Principal Place of Business:**

4401 N.W. 25TH PLACE  
SUITE D  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

4401 N.W. 25TH PLACE  
SUITE D  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 27-3019030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEPUTY, GERALD R O.D.  
4401 N.W. 25TH PLACE  
SUITE D  
GAINESVILLE, FL 32606 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: DEPUTY, GERALD R O.D.  
Address: 734 S.E. 41ST STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: VP  
Name: DEPUTY, GERALD R O.D.  
Address: 734 S.E. 41ST STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: SEC  
Name: DEPUTY, KIMBERLY D  
Address: 734 S.E. 41ST STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TREA  
Name: DEPUTY, GERALD R O.D.  
Address: 734 S.E. 41ST STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 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: GERALD R. DEPUTY

P

03/27/2012

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

\_\_\_\_\_  
Date