2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

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Entity Name: ROUSE FAMILY EYE CARE, P.A.

Current Principal Place of Business:

15908 W STATE ROAD 84
SUNRISE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

15908 W STATE ROAD 84
SUNRISE, FL 33326 US

New Mailing Address:

FEI Number: 65-0482069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREIT, RICHARD H
2701 W. OAKLAND PARK BOULEVARD
SUITE 230
FORT LAUDERDALE, FL 33311 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: ROUSE, LINDA S O.D.
Address: 10712 INDIAN TRAIL
City-St-Zip: COOPER CITY, FL 33328

Title: D
Name: ROUSE, DAVID W O.D.
Address: 10712 INDIAN TRAIL
City-St-Zip: COOPER CITY, FL 33328

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: DAVID ROUSE, O.D. D 01/10/2011

Electronic Signature of Signing Officer or Director Date