

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000094328

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** REICHERT EYE CENTERS OF NORTH FLORIDA, P.A.

**Current Principal Place of Business:**

1615 SW MAIN BLVD  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

385 SW MONTGOMERY DRIVE  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 59-3298341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REICHERT, RICHARD W  
385 SW MONTGOMERY DRIVE  
LAKE CITY, FL 32025 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: DP  
Name: REICHERT, RICHARD W MD  
Address: 385 SW MONTGOMERY DRIVE  
City-St-Zip: LAKE CITY, FL 32025

Title: ST  
Name: REICHERT, JILL H  
Address: 385 SW MONTGOMERY DRIVE  
City-St-Zip: LAKE CITY, FL 32025

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: JILL H REICHERT

ST

03/18/2011

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

\_\_\_\_\_  
Date