

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000078764

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** ST. LUCIE OPTICAL WEST, INC.

**Current Principal Place of Business:**

1302 SW ST LUICE WEST BLVD  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

2201 S 10TH STREET  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0620783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALLONEE, JOHN MD  
2201 S 10TH ST  
FORT PIERCE, FL 34950 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:** MALLONEE, JOHN MD  
**Address:** 2201 S 10TH ST  
**City-St-Zip:** FORT PIERCE, FL 34950

**Title:** VP  
**Name:** CHANNON, CHRISTOPHER MD  
**Address:** 2201 S 10TH ST  
**City-St-Zip:** FORT PIERCE, FL 34950

**Title:** S  
**Name:** LANGLEY, KENNETH MD  
**Address:** 2201 S 10TH ST  
**City-St-Zip:** FORT PIERCE, FL 34950

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:** JOHN MALLONEE, MD

P

04/16/2012

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

\_\_\_\_\_  
Date