

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079487

FILED
Feb 17, 2009
Secretary of State

Entity Name: EYE CARE ASSOCIATES OF BREVARD, P.A.

Current Principal Place of Business:

3200 N. WICKHAM RD.
SUITE 1
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

3200 N. WICKHAM RD.
SUITE 1
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-3341216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGUIKIAN, SHAHAN
1858 S. US HWY 1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

FALLACE, JAMES H
1900 S HICKORY STREET
MELBOURNE, FL 32901 US

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: JAMES H FALLACE

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANGUIKIAN, SHAHAN
Address: 1858 US HWY 1
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S () Delete
Name: GREGAS, ANNE
Address: 3200 N. WICKHAM RD., #1
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNE M. GREGAS

S

02/17/2009

Electronic Signature of Signing Officer or Director

Date