

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070363

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** ESTERMAN EYE INSTITUTE, INC.

**Current Principal Place of Business:**

1670 S FEDERAL HWY  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

1674 S FEDERAL HWY  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1670 S FEDERAL HWY  
DELRAY BEACH, FL 33483

**New Mailing Address:**

1674 S FEDERAL HWY  
DELRAY BEACH, FL 33483

FEI Number: 65-0690340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESTERMAN, BRADLEY J  
1670 S. FEDERAL HWY  
DELRAY BEACH, FL 32483 US

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

ESTERMAN, BRADLEY J  
1674 S. FEDERAL HWY  
DELRAY BEACH, FL 32483 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/19/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ESTERMAN, BRADLEY J  
Address: 1674 S FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

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: BRADLEY J. ESTERMAN

DR

01/19/2012

Electronic Signature of Signing Officer or Director

Date