

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000020538

Entity Name: EYE MANAGEMENT, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

801 E. HALLANDALE BEACH BLVD  
SUITE 200  
HALLANDALE, FL 33009 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

801 E. HALLANDALE BEACH BLVD  
SUITE 200  
HALLANDALE, FL 33009 US

## **New Mailing Address:**

FEI Number: 65-0079163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BILOWICH, MARTIN  
801 E. HALLANDALE BEACH BLVD  
SUITE 200  
HALLANDALE, FL 33009 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: TD  
Name: KEARNEY, KRISTIN  
Address: 801 E. HALLANDALE BEACH BLVD, SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

Title: PD  
Name: BILOWICH, MARTIN  
Address: 801 E. HALLANDALE BEACH BLVD, SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

Title: VDS  
Name: WILHELM, CHARLES MD  
Address: 801 E. HALLANDALE BEACH BLVD, SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

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: MARTIN BILOWICH

PD

04/21/2011

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

\_\_\_\_\_  
Date