

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075448

Entity Name: SUN COAST EYE CARE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

2451 MCMULLEN BOOTH RD N, STE 238
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2451 MCMULLEN BOOTH RD N, STE 238
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 59-3465133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LELAND K III
912 CURLEW RD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

SMITH, LELAND K III
2451 MCMULLEN BOOTH RD N. STE238
CLEARWATER, FL 33759 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: LELAND SMITH

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: SMITH, LELAND K III
Address: 912 CURLEW RD
City-St-Zip: DUNEDIN, FL 34698

Title: DR () Delete
Name: SMITH, MARY LOU
Address: 912 CURLEW RD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SMITH, LELAND K III
Address: 2451 MCMULLEN BOOTH RD N. STE 238
City-St-Zip: CLEARWATER, FL 33759

Title: DR (X) Change () Addition
Name: SMITH, MARY LOU
Address: 2451 MCMULLEN BOOTH RD N. STE 238
City-St-Zip: CLEARWATER, FL 33759

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: MARY LOU SMITH

SECR

04/21/2009

Electronic Signature of Signing Officer or Director

Date