

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90080 031 \*\*\*158.75

DOCUMENT # P97000091589

1. Corporation Name

PROFESSIONAL EYE CARE ASSOCIATES, INC.

Principal Place of Business  
2802 JIM REDMAN PARKWAY  
PLANT CITY FL 33567

Mailing Address  
15210-1524 AMBERLY DRIVE  
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3474878

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa FL

24 Zip Country 25 33647 29 30 Hillsborough

9. Name and Address of Current Registered Agent

WENGER, JENNIFER R  
15210-1524 AMBERLY DRIVE  
TAMPA FL 33647

81 Name Jennifer R. Wenger

82 Street Address (P.O. Box Number is Not Acceptable)  
8041 HUNTER'S KEY CIRCLE

83

84 City Tampa FL 85 Zip Code 33647

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jennifer Rae Wenger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WENGER, STACEY A DR  
STREET ADDRESS 15210-1524 AMBERLY DRIVE  
CITY-ST-ZIP TAMPA FL 33647

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME DR. STACEY A WENGER  
1.3 STREET ADDRESS 8041 HUNTER'S KEY CIRCLE  
1.4 CITY-ST-ZIP TAMPA, FL 33647

☒ Change

☐ Addition

2.1 TITLE VD  
2.2 NAME JENNIFER RAE WENGER  
2.3 STREET ADDRESS 8041 HUNTER'S KEY CIRCLE  
2.4 CITY-ST-ZIP TAMPA, FL 33647

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Rae Wenger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 813-978-1988

Date

Daytime Phone #

CR2E034 (11/98)