

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028067

FILED
Feb 18, 2011
Secretary of State

Entity Name: EYE CENTER OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

2500 MLK JR BLVD
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2500 MLK JR BLVD
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 52-2107690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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: D
Name: FISHER, BRET L
Address: 2500 HWY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: AKER, ANTHONY L O.D.
Address: 2500 HWY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: EDINGER, DAVID J O.D.
Address: 2500 HWY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: MALLARY, JOHN J
Address: 2500 HIGHWAY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: JONES, MARK S OD
Address: 2500 HWY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: GARLAND, PAUL E
Address: 2500 MLK JR BLVD
City-St-Zip: PANAMA CITY, FL 32405

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: ANTHONY L AKER

D

02/18/2011

Electronic Signature of Signing Officer or Director

Date

P98000028067

Page 1 of 1

Karen Taggart

From: donotreply@sunbiz.org
Sent: Friday, February 18, 2011 9:13 AM
To: ktaggart@eyecarenow.com
Subject: Sunbiz.org Payment Receipt

Thank you for submitting your payment to **Florida Department of State, Division of Corporations**. This email will serve as confirmation that your payment was received by our office.

Your filing will be posted on our website <http://www.sunbiz.org/> within 1-3 business days.

The transaction information is listed below:

Receipt Number: 3539385654
Transaction Date/Time: 2/18/2011 9:12:54 AM
Card Number: XXXX XXXX XXXX 1099
Card Type: American Express
Approval Code: 266091
Payment Amount: \$150.00
Document Number: P98000028067

Surg II

Please add:

Jeffrey R Pyne
2500 MLK Jr Blvd
Panama City FL 32405

2/18/11