

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059423

FILED
Apr 21, 2009
Secretary of State

Entity Name: WEST COAST MOBILE EYE CARE, INC.

Current Principal Place of Business:

25D COLLEGE AVE W
SUITE D
RUSKIN, FL 33570 US

Current Mailing Address:

PO BOX 585
RUSKIN, FL 33575 US

New Principal Place of Business:

25 COLLEGE AVE W
SUITE D
RUSKIN, FL 33570 US

New Mailing Address:

529 MANNS HARBOUR DR
APOLLO BEACH, FL 33572 US

FEI Number: 65-0937214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGAR, LUCIE N DR.
25D COLLEGE AVE W
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

NGAR, LUCIE N DR.
25 COLLEGE AVE W
SUITE D
RUSKIN, FL 33570 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: LUCIE NGAR

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NGAR, LUCIE
Address: 25D COLLEGE AVE W
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NGAR, LUCIE
Address: 25 COLLEGE AVE W, STE D
City-St-Zip: RUSKIN, FL 33570

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: LUCIE NGAR

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date