2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

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Entity Name: WEST COAST MOBILE EYE CARE, INC.

Current Principal Place of Business:

25 COLLEGE AVE W
SUITE D
RUSKIN, FL 33570 US

New Principal Place of Business:

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

Current Mailing Address:

529 MANNS HARBOUR DR
APOLLO BEACH, FL 33572 US

New Mailing Address:

P.O. BOX 585
RUSKIN, FL 33575 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.
25 COLLEGE AVE W
SUITE D
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

LUU, LUCIE N DR.
25 W. COLLEGE AVE
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: DR. LUCIE N. LUU 03/30/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LUU, LUCIE N DR.
Address: 25 W. COLLEGE AVE, STE D
City-St-Zip: RUSKIN, FL 33570

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: DR. LUCIE N. LUU P 03/30/2011
Electronic Signature of Signing Officer or Director Date