

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064681

FILED
Jan 14, 2011
Secretary of State

Entity Name: FIRST COAST LASER & VISION NETWORK, INC.

Current Principal Place of Business:

C/O PETER D. LIANE
100 W. BAY ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

C/O PETER D. LIANE
100 W. BAY ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3589223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DR, SUITE 2301
JACKSONVILLE, FL 32202 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: AKEL, GARY M
Address: 945 S LANE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: P
Name: LIANE, PETER D
Address: 100 W BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: WATTS, JAMES W
Address: 11808 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32202

Title: T
Name: GREEN, RICHARD
Address: 2225 A1A SOUTH, #C2
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S/T
Name: WOLF, KAREN S
Address: 150 PROFESSIONAL DR. SUITE 300
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: PETER LIANE

P

01/14/2011

Electronic Signature of Signing Officer or Director

Date