

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064681

FILED  
Feb 22, 2012  
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 D. LIANE

P

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date