ANNUAL	OFIT DRATION L REPORT		FLORIDA DEPARTM Sandra B M Secretary C DIVISION OF COR	fortnam of State		
OCUM	ENT # <b>V11</b>	407	(6)			
Corporation No	CH EYECARE, P.A.		• •			ra Bagan guduk guduk didak debah didah kedi
OUTHEAC	MI ETEOMIET I W					
icipal Place of	f Business		g Address			
00 Bryan dai RGO FL 34647			Bryan Dairy RD. O FL 34647		O alled	3a. Date of Last Report
					3. Date incorporated or Qualified 02/03/1992	05/01/1995
Principa! Plac	e of Business	<b>├</b> ─┐	iling Address		4. FEI Number 59-3109871	Applied For Not Applicable
Suite, Apt. #, +	etc.	26 Sui	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		27 Cit	y & State		6. Election Campaign Financing	5.00 May Be
City & State		28			Trust Fund Contribution  8. This corporation has liability for	Added to Fees
Z₊p	Country 25	Z (r.	_	Country 30	Florida Statutes	Yes No
	Name and Address o     THEODORE N.	of Current Registere	ed Agent	81 Name	10. Name and Address of New Re	egisterau Agent
	) Bryan Dairy RD. Go Fl 34647			83		
LARC	GO FL 34647	s 607.0502 and 607 t the State of Florida S the obligations of, Se	1508, Florida Statute Such change was au ect on 607 0505, Flor	84 City	orporation submits this statement for the pration's board of directors. Thereby accept	
Pursuant to office or regagent. I am	o the provisions of Sections gistered agent, or both, in familiar with, and accept the section of the section o	the obligations of, Se	ection 607,0505, Flor	84 City		Durpose of changing its registered of the appointment as registered bate.
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