2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Jul 25, 2008 8:00 am Secretary of State DOCUMENT # V13613 1. Entity Name 07-25-2008 90010 011 ***150.00 FLESHER VISION CARE, INC. Principal Place of Business Mailing Address 2216 N CONGRESS AVE BOYNTON BCH FL 33426 2216 N. CONGRESS AVE. BOYNTON BCH. FL 33426 2. Principal Place of Business - No P.O. Box # 3. Ma'ling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0321625 Not Applicable $Z_{\rm ID}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Eee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLESHER, MARC Street Address (P.O. Box Number is Not Acceptable) 2216 N. CONGRESS AVENUE **BOYNTON BEACH FL 33426** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or pots, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of regularing agent and the Translicacie. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (; TITLE Derete TITLE Change ___ Addition FLESHER, MARC MAME NAME 551 KINGSBURY TERRACE STREET ADDRESS STREET ADDRESS CITY ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP Darete Change Addition FLESHER, PAULINE STREET ADDRESS 551 KINGSBURY TERRACE STREET ADDRESS OffY-ST-ZIP WEST PALM BEACH FL 33414 CITY ST 789 TITLE De ete THEE Change Addition MAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-719 CITY-ST-ZIP TITLE JITS F ☐ De-ete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CDY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MARE J. Flack Huler 12. 237. UIII
ER OR DIRECTOR
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