2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# V40412

Entity Name: LEFFLER EYE CARE CENTER, INC.

Current Principal Place of Business:

9810 ALT A1A
STE 107
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

9810 ALT. A1A
STE 107
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 65-0347555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFFLER, WILLIAM, JR.
7886 150 CT N
PALM BEACH GARDENS, FL 33418 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LEFFLER, WILLIAM JR.
Address: 7886 150 CT N
City-St-Zip: PALM BCH GDNS, FL

Title: VSD ( ) Delete
Name: HAAS, DEBORAH
Address: 7886 150 CT N
City-St-Zip: PALM BCH GDNS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: HAAS, DEBORAH
Address: 7886 150 CT N
City-St-Zip: PALM BCH GDNS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH L HAAS VSD 01/29/2009

Electronic Signature of Signing Officer or Director Date