

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55639

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** DREXLER EYE CARE ASSOCIATES OF CLEARWATER, P.A.

**Current Principal Place of Business:**

% SCOTT P. DREXLER, O.D.  
2551 DREW ST, SUITE 302  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

259 LANCEWOOD PLACE  
GREENSBURG, PA 15601 US

**New Mailing Address:**

FEI Number: 59-3137360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DREXLER, SCOTT P.  
2551 DREW ST  
SUITE 302  
CLEARWATER, FL 33765 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: PD  
Name: DREXLER, SCOTT P.  
Address: 259 LANCEWOOD PLACE  
City-St-Zip: GREENSBURG, PA 15601

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: SCOTT DREXLER

PD

04/29/2011

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

\_\_\_\_\_ Date