## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002029

Entity Name: FLORIDA LIONS EYE CLINIC, INC.

**Current Principal Place of Business:** 

10322 PENNSYLVANIA BONITA SPRINGS. FL 34134

**Current Mailing Address:** 

10322 PENNSYLVANIA

BONITA SPRINGS. FL 34135 US

FEI Number: 45-0560906 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HILLIARD, ROBERT IREDELL SR. 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135 US

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: ROBERT I. HILLIARD 03/20/2018

Electronic Signature of Registered Agent

Date

FILED Mar 20, 2018

**Secretary of State** 

CC4735320595

Officer/Director Detail:

Title PRESIDENT Title 1

Name HILLIARD, ROBERT IREDELL SR. Name ARMACOST, JOHN

Address 10322 PENNSYLVANIA AVE
City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: BONITA SPRINGS FL 34135

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT I. HILLIARD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/20/2018