

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

CHRISTENBURY, DANIEL
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: DANIEL CHRISTENBURY

08/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DEARMOND, LARRY
Address 10322 PENNSYLVANIA AVE
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT
Name LIEB, DAWN
Address 10322 PENNSYLVANIA AVE
City-State-Zip: BONITA SPRINGS FL 34135

Title EXECUTIVE DIRECTOR
Name CHRISTENBURY, DANIEL
Address 10322 PENNSYLVANIA AVENUE
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name DEARMOND, DAWN
Address 10322 PENNSYLVANIA
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name FREEDMAN, HOWARD
Address 10322 PENNSYLVANIA
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name SHAPIRO, RICHARD
Address 10322 PENNSYLVANIA
City-State-Zip: BONITA SPRINGS FL 34134

Title BOARD SECRETARY
Name BOYER, MELISSA
Address 3406 SW 11TH AVENUE
City-State-Zip: CAPE CORAL FL 33914

Title BOARD MEMBER
Name COREA, RICHARD DR.
Address 8590 MUSTANG DRIVE
City-State-Zip: NAPLES FL 34113

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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: DANIEL CHRISTENBURY

EXECUTIVE DIRECTOR

08/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name FRIEDRICHS, JASON DR.
Address 1806 PRINCESS COURT
City-State-Zip: NAPLES FL 34110

Title BOARD MEMBER
Name JACKSON, JOE
Address 28447 DEL LARGO WAY
City-State-Zip: BONITA FL 34135

Title BOARD MEMBER
Name HALBERT, DOUGLAS DR.
Address 9715 ACQUA COURT
 124
City-State-Zip: NAPLES FL 34113

Title MEDICAL DIRECTOR
Name MARSTON FOUCHER, CAROL DR.
Address 9431 SUNSET HARBOR DRIVE
 144
City-State-Zip: FT MYERS FL 33919