

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002029

Entity Name: BONITA SPRINGS LIONS EYE CLINIC INCORPORATED

Current Principal Place of Business:

10322 PENNSYLVANIA
BONITA SPRINGS, FL 34134

Current Mailing Address:

10322 PENNSYLVANIA
BONITA SPRINGS, FL 34135

FEI Number: 45-0560906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYS, FRANK W
4220 LAKE FOREST DR #912
BONITA SPRINGS, FL 34134 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAYS, FRANK W
Address 4220 LAKE FOREST DR #912
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER
Name ARMACOST, JOHN
Address 4329 SANCTUARY WAY
City-State-Zip: BONITA SPRINGS FL 34134

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: JOHN ARMACOST

TREASURER

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date