

**2020 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:** No

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

THOMAS, NOREEN EDD  
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:** NOREEN THOMAS

07/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THOMAS, NOREEN DR.  
Address        10322 PENNSYLVANIA  
City-State-Zip: BONITA SPRINGS FL 34135

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

Title            SECRETARY  
Name            GONZALEZ, MARIA ELENA  
Address        10322 PENNSYLVANIA AVE  
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:** NOREEN THOMAS

PRESIDENT

07/30/2020

Electronic Signature of Signing Officer/Director Detail

Date