

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38056

Entity Name: FOR EYE CARE FOUNDATION, INC.

Current Principal Place of Business:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

Current Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

FEI Number: 59-3051564

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER
6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 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 P
Name CANO, DAVID MD
Address 2068 PALM BEACH LAKES BLVD
City-State-Zip: WEST PALM BEACH FL 33409

Title ST
Name TRENTACOSTE, JOSEPH MD
Address 15600 NW 67TH AVE #210
City-State-Zip: MIAMI LAKES FL 33014

Title ED
Name SEYMOUR, CHRISTOPHER R
Address 6816 SOUTHPOINT PKWY, STE 1000
City-State-Zip: JACKSONVILLE FL 32216

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: CHRISTOPHER SEYMOUR

ED

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date