2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2016
Secretary of State
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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	VP
Name	BENDEL, RICK MD
Address	MAYO CLINIC 4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECRETARY
Name	MEMBRENO, JAIME MD
Address	660 SHOREVIEW AVE
City-State-Zip:	WINTER PARK FL 32789

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

Title	TREASURER
Name	KRUGER, STACEY MD
Address	STACEY J KRUGER MD & ASSOCIATES 8585 SUNSET DRIVE SUITE 201
City-State-Zip:	MIAMI FL 33143

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 MBA 03/17/2016

Electronic Signature of Signing Officer/Director Detail — Date