

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317212

Entity Name: MARCO OPHTHALMIC, INC.**Current Principal Place of Business:**11825 CENTRAL PARKWAY
JACKSONVILLE, FL 32224**Current Mailing Address:**PO BOX 551260
JACKSONVILLE, FL 32255**FEI Number:** 59-1200000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE, FL 32256 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	PD
Name	MARCO, DAVID A
Address	11825 CENTRAL PARKWAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	V
Name	DYER, CHARON M
Address	11825 CENTRAL PARKWAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	S
Name	SHORSTEIN, MARK
Address	8265 BAYBERRY RD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	VTRS
Name	SHORSTEIN, JACK F.
Address	8265 BAYBERRY RD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	V
Name	SHORSTEIN, SAMUEL R.
Address	8265 BAYBERRY RD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	V
Name	GURVIS, DAVID
Address	11825 CENTRAL PARKWAY
City-State-Zip:	JACKSONVILLE FL 32224

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A. MARCO

P

02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date