

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 536319

Entity Name: OCALA EYE OPTICAL, INC.**Current Principal Place of Business:**1500 SE MAGNOLIA EXT.
SUITE 101
OCALA, FL 34471**Current Mailing Address:**3130 S.W. 32ND AVENUE
OCALA, FL 34474 US**FEI Number:** 59-1776319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, MICHAEL
3130 S.W. 32ND AVENUE
OCALA, FL 34474 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	VD
Name	SCHWENK, GORDON CMD
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	VD
Name	JANK, MARK AMD
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	VD
Name	DEATON, JOHN SDO
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	PD
Name	MORRIS, MICHAEL MD
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	SD
Name	POLACK, PETER JMD
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

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: MICHAEL MORRIS**REGISTERED AGENT****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date