

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601377

**Entity Name:** ERICKSON, COSTELLO, BUTLER, ERICKSON, OPTOMETRIST,  
P.A.

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC8615660140**

**Current Principal Place of Business:**

1280 W. LANTANA RD.  
SUITE 1  
LANTANA, FL 33462

**Current Mailing Address:**

1280 W. LANTANA RD.  
SUITE 1  
LANTANA, FL 33462

**FEI Number: 59-1272975**

**Certificate of Status Desired: No**

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

ERICKSON, NEIL E  
1280 W. LANTANA RD.  
SUITE 1  
LANTANA, FL 33462 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 ERICKSON, NEIL EOD  
Address 420 NO. COUNTRY CLUB DR  
City-State-Zip: LANTANA FL 33462

Title TRE  
Name ERICKSON, TODD EOD  
Address 5770 LAGO DEL SOL DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title VP  
Name COSTELLO, SANDY LOD  
Address 476 GLENBROOK  
City-State-Zip: LANTANA FL 33462  
  
Title ST  
Name BUTLER, DAVID SOD  
Address 4749 BUCIDA RD  
City-State-Zip: BOYNTON BEACH FL 33436

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: NEIL ERICKSON, O.D.**

**PRESIDENT**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date