

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601377

**Entity Name:** ERICKSON, COSTELLO, BUTLER, ERICKSON, OPTOMETRIST,  
P.A.**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC3919427330****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 E. ERICKSON, O.D.****PRESIDENT****01/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date