

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J35572

**Entity Name:** AKER KASTEN EYE CENTER, INC.

**Current Principal Place of Business:**

1445 NW BOCA RATON BLVD  
BOCA RATON, FL 33432

**Current Mailing Address:**

1445 NW BOCA RATON BLVD  
BOCA RATON, FL 33432

**FEI Number:** 59-2718647

**Certificate of Status Desired:** No

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

AKER, ALAN B  
1445 NW BOCA RATON BLVD  
BOCA RATON, FL 33432 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 MGR  
Name AKER, ALAN B  
Address 3649 N OCEAN BLVD  
City-State-Zip: GULFSTREAM FL 33483

Title STD  
Name KASTEN, ANN G  
Address 3649 N OCEAN BLVD  
City-State-Zip: GULFSTREAM FL 33483

*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:** ALAN B. AKER, MD

**PRES**

**01/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date