

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023647

Entity Name: KEATS FAMILY VISION, P.A.**Current Principal Place of Business:**2518-C MCMULLEN BOOTH ROAD
#C
CLEARWATER, FL 33761**Current Mailing Address:**2518-C MCMULLEN BOOTH ROAD
#C
CLEARWATER, FL 33761 US**FEI Number:** 59-3708536**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEATS, CHRISTOPHER K
2518-C MCMULLEN BOOTH ROAD
#C
CLEARWATER, FL 33761 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:** CHRISTOPHER K. KEATS

02/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DR
Name KEATS, CHRISTOPHER K
Address 2518-C MCMULLEN BOOTH ROAD
#C
City-State-Zip: CLEARWATER FL 33761Title DR
Name KEATS, CHRISTOPHER K
Address 2518-C MCMULLEN BOOTH ROAD
#C
City-State-Zip: CLEARWATER FL 34608Title DR
Name KEATS, CHRISTOPHER K
Address 2518-C MCMULLEN BOOTH ROAD
#C
City-State-Zip: CLEARWATER FL 33761Title DR
Name KEATS, CHRISTOPHER K
Address 2518-C MCMULLEN BOOTH ROAD
#C
City-State-Zip: CLEARWATER FL 33761Title DR
Name KEATS, CHRISTOPHER K
Address 2518-C MCMULLEN BOOTH ROAD
#C
City-State-Zip: CLEARWATER FL 33761Title DR
Name KEATS, CHRISTOPHER K
Address 2518-C MCMULLEN BOOTH ROAD
#C
City-State-Zip: CLEARWATER FL 33761

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: CHRISTOPHER K. KEATS

PRESIDENT

02/27/2015

Electronic Signature of Signing Officer/Director Detail

Date