

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054125

Entity Name: GULF BREEZE FAMILY EYECARE, INC.

Current Principal Place of Business:

876 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Current Mailing Address:

5101 NORTH DAVIS HWY
PENSACOLA, FL 32503 US

FEI Number: 20-1006997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

R. LANE LYNCHARD, P.A.
1901 ANDORRA STREET
NAVARRE, FL 32566 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 SPEAR, KATIE G
Address 5101 NORTH DAVIS HWY
City-State-Zip: PENSACOLA FL 32503

Title MEMBER
Name SPEAR, CARL H
Address 5101 NORTH DAVIS HWY
City-State-Zip: PENSACOLA FL 32503

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: CARL SPEAR

MEMBER

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date