

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000010608

**Entity Name:** PREMIER EYE CLINIC, P.A.

**Current Principal Place of Business:**

3641 S. CLYDE MORRIS BLVD  
SUITE #500  
PORT ORANGE, FL 32129

**Current Mailing Address:**

3641 S. CLYDE MORRIS BLVD  
SUITE #500  
PORT ORANGE, FL 32129

**FEI Number:** 30-0399478

**Certificate of Status Desired:** No

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

XIA, JIAN YPHD  
18136 CADENCE STREET  
ORLANDO, FL 32820 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 DR  
Name GE, QING M.D.  
Address 3641 S. CLYDE MORRIS, SUITE #500  
City-State-Zip: PORT ORANGE FL 32129

*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:** QING GE

PD

01/11/2014

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

\_\_\_\_\_  
Date