

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048215

**Entity Name:** TRINITY FAMILY EYECARE, P.A.

**Current Principal Place of Business:**

10751 MAPLE CREEK DRIVE  
SUITE 104  
TRINITY, FL 34655

**Current Mailing Address:**

10751 MAPLE CREEK DRIVE  
SUITE 104  
TRINITY, FL 34655 US

**FEI Number:** 27-2809330

**Certificate of Status Desired:** No

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

CHURCH, LESLIE A DR.  
3516 EAST LAKE DRIVE  
LAND O LAKES, FL 34639 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:** DR. LESLIE CHURCH

06/11/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,D  
Name CHURCH, LESLIE  
Address 3516 EAST LAKE DRIVE  
City-State-Zip: LAND O LAKES FL 34639

*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:** DR. LESLIE CHURCH

OWNER/PRESIDENT

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date