

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036741

Entity Name: NELSON EYE CENTER OPTOMETRISTS, INC.

Current Principal Place of Business:

16528 N DALE MABRY HWY
TAMPA, FL 33618

Current Mailing Address:

16528 N DALE MABRY HWY
TAMPA, FL 33618

FEI Number: 59-3314171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, WALTER S
16528 N DALE MABRY HWY
TAMPA, FL 33618 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 PRES
Name KRYM, ROBERT
Address 16528 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33618

Title S/T
Name KRYM, PATRICIA
Address 16528 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33618

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: ROBERT KRYM

PRESIDENT

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date