2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2014
Secretary of State
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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	Title	S/T
Name	KRYM, ROBERT	Name	KRYM, PATRICIA
Address	16528 N DALE MABRY HWY	Address	16528 N DALE MABRY HWY
City-State-Zip:	TAMPA FL 33618	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 04/20/2014

Electronic Signature of Signing Officer/Director Detail — Date