

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028067

Entity Name: EYE CENTER OF NORTH FLORIDA, P.A.**Current Principal Place of Business:**2500 MLK JR BLVD
PANAMA CITY, FL 32405**Current Mailing Address:**2500 MLK JR BLVD
PANAMA CITY, FL 32405**FEI Number:** 52-2107690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AKER, ANTHONY L
2500 MARTIN LUTHER KING JR BLVD
PANAMA CITY, FL 32405 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	D
Name	FISHER, BRET L
Address	2500 HWY 77
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	EDINGER, DAVID JO.D.
Address	2500 HWY 77
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	GARLAND, PAUL E
Address	2500 MLK JR BLVD
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	AKER, ANTHONY LO.D.
Address	2500 HWY 77
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	JONES, MARK SOD
Address	2500 HWY 77
City-State-Zip:	PANAMA CITY FL 32405

Title	TREASURER
Name	PYNE, JEFFREY R DR.
Address	2500 MLK JR BLVD
City-State-Zip:	PANAMA CITY FL 32405

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: ANTHONY L AKER

D

04/13/2015

Electronic Signature of Signing Officer/Director Detail_____
Date