

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60219

Entity Name: A1A FAMILY EYE CARE, INC.

FILED  
Jan 08, 2011  
Secretary of State

**Current Principal Place of Business:**

3980 SOUTH THRID ST  
JACKSONVILLE BCH, FL 32250

**New Principal Place of Business:**

4788 HODGES BLVD.  
UNIT 205  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3980 SOUTH THRID ST  
JACKSONVILLE BCH, FL 32250

**New Mailing Address:**

4788 HODGES BLVD.  
UNIT 205  
JACKSONVILLE, FL 32224

FEI Number: 65-0090006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HORNING, JAMES A DR.  
9930 MARGATE HILLS ROAD  
JACKSONVILLE, FL 32256 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: HORNING, JAMES A.  
Address: 4788 HODGES BLVD. UNIT 205  
City-St-Zip: JACKSONVILLE, FL 32224

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: JAMES A. HORNING

DR.

01/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date