

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K60219

**Entity Name:** A1A FAMILY EYE CARE, INC.

**Current Principal Place of Business:**

4788 HODGES BLVD.  
UNIT 205  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4788 HODGES BLVD.  
UNIT 205  
JACKSONVILLE, FL 32224

**FEI Number:** 65-0090006

**Certificate of Status Desired:** No

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

HORNING, JAMES ADR.  
9930 MARGATE HILLS ROAD  
JACKSONVILLE, FL 32256 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 DR.  
Name HORNING, JAMES A.  
Address 4788 HODGES BLVD. UNIT 205  
City-State-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

**OWNER**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date