

2014 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

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date