

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028958

Entity Name: MAC DILL EYE CARE INC.

FILED  
Feb 02, 2011  
Secretary of State

**Current Principal Place of Business:**

3108 N. BOUNDARY RD. 926  
TAMPA, FL 33621

**New Principal Place of Business:**

**Current Mailing Address:**

3108 N. BOUNDARY RD. 926  
TAMPA, FL 33621

**New Mailing Address:**

FEI Number: 26-4592607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONBECK, DAVID M  
2873 BAYSHORE TRAILS DR  
TAMPA, FL 33611 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: DPST  
Name: MONBECK, DAVID  
Address: 2873 BAYSHORE TRAILS DR  
City-St-Zip: TAMPA, FL 33611

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: DAVID MONBECK

DR

02/02/2011

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

\_\_\_\_\_ Date