# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N18000002925

### Entity Name: EYE CARE GAMBIA INC

### **Current Principal Place of Business:**

15131 FINTRY PLACE MIAMI LAKE, FL 33016

## **Current Mailing Address:**

15131 FINTRY PLACE MIAMI LAKE, FL 33016

# FEI Number: 82-4847441

## Name and Address of Current Registered Agent:

JALLOW, SULAYMAN DR 15131 FINTRY PLACE MIAMI LAKE, FL 33016 US

Date

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	Ρ	Title	т	
Name	JALLOW, SULAYMAN DR	Name	RAJOY, LILLIAM	
Address	15131 FINTRY PLACE	Address	15131 FINTRY PLACE	
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016	
Title	S	Title	D	
Name	MOREIRAS, BIANCA	Name	RIELO, DIEGO MD	
Address	15131 FINTRY PLACE	Address	601 N FLAMINGO RD #400	
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	PEMBROKE PINES FL 33028	
Title	D	Title	D	
Name	CAREW, MUDASIRU	Name	FRANKLIN, ANYIKWA MD	
Address	12600 PEMBROKE RD	Address	2301 N UNIVERSITY DRIVE #202	
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	PEMBROKE PINES FL 33024	

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SULAYMAN JALLOW

PRESIDENT

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date