

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602305

**Entity Name:** JEROME WEITZEN, O.D., P.A.

**Current Principal Place of Business:**

213 LAURA ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

213 LAURA ST  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-1297834

**Certificate of Status Desired:** No

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

DR. JEROME WEITZEN OD PA  
213 LAURA ST  
JACKSONVILLE, FL 32202 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 PD  
Name WEITZEN, JEROME  
Address 213 LAURA ST  
City-State-Zip: JACKSONVILLE FL 32202

Title V  
Name WEITZEN, AMANDA BETH  
Address 213 LAURA ST  
City-State-Zip: JACKSONVILLE FL 32202

*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:** DR. JEROME WEITZEN OD

OPTOMITRIST

02/15/2016

Electronic Signature of Signing Officer/Director Detail

Date