

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 603508

**FILED**  
**Jan 17, 2023**  
**Secretary of State**  
**0518324450CR**

**Entity Name:** EYE ASSOCIATES OF BOCA RATON, P.A.

**Current Principal Place of Business:**

950 NW 13TH STREET  
BOCA RATON, FL 33486

**Current Mailing Address:**

950 N.W 13TH STREET  
BOCA RATON, FL 33486-2310 US

**FEI Number:** 59-1403353

**Certificate of Status Desired:** No

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

KOHL, DOUGLAS A  
323 FLORENADA TERR  
BOCA RATON, FL 33486 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:** DOUGLAS A. KOHL

01/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name KOHL, DOUGLAS  
Address 950 NW 13ST  
City-State-Zip: BOCA RATON FL 33486

Title D  
Name PERLMAN, JEFFREY  
Address 950 NW 13ST  
City-State-Zip: BOCA RATON FL 33486

Title D  
Name WEINER, MARK H  
Address 950 NW 13ST  
City-State-Zip: BOCA RATON FL 33486

Title D  
Name SEGAL, ERNESTO  
Address 950 NW 13THST  
City-State-Zip: BOCA RATON FL 33486

Title D  
Name WEISS, MATTHEW  
Address 950 N.W 13TH STREET  
City-State-Zip: BOCA RATON 33486-2310

Title D  
Name MAS-RAMIREZ, ALMA M.D.  
Address 950 NORTHWEST 13TH STREET  
City-State-Zip: BOCA RATON FL 33486

*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:** DOUGLAS A. KOHL

D

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date