

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 689437

**Entity Name:** MILES GLASSER, O.D., P.A.

**Current Principal Place of Business:**

% MILES GLASSER, O.D., P.A.  
1705 WHITEHALL DR #204  
FT. LAUDERDALE, FL 33324

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC3781180572**

**Current Mailing Address:**

% MILES GLASSER, O.D., P.A.  
1705 WHITEHALL DR #204  
FT. LAUDERDALE, FL 33324 US

**FEI Number: 59-2021926**

**Certificate of Status Desired: No**

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

GLASSER, MILES., O.D., P.A.  
1705 WHITEHALL DR  
FT. LAUDERDALE, FL 33324 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 DP  
Name GLASSER, MILES REV. LIVING TRUST  
Address 1705 WHITEHALL DR #204  
City-State-Zip: FT. LAUDERDALE FL 33324

Title TR  
Name GLASSER, MILES DR.  
Address 1705 WHITEHALL DR #204  
City-State-Zip: FT. LAUDERDALE FL 33324

*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: MILES GLASSER**

**PRESIDENT**

**04/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date