

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M81782

**FILED  
Jan 18, 2018  
Secretary of State  
CC5506643457**

**Entity Name:** MIAMI LAKES EYE CARE CENTER, P.A.

**Current Principal Place of Business:**

15600 NW 67TH AVENUE  
SUITE 210  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15600 NW 67TH AVENUE  
SUITE 210  
MIAMI LAKES, FL 33014

**FEI Number:** 65-0026251

**Certificate of Status Desired:** No

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

ZAMBRANO, BARBARA  
15600 NW 67 AVE  
SUITE 210  
MIAMI LAKES, FL 33014 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 TRENTACOSTE, JOSEPH  
Address 2659 EDGEWATER DRIVE  
City-State-Zip: WESTON FL 33332

Title SD  
Name ZAMBRANO, WILLIAM  
Address 8627 GLENCAIRN TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name ZAMBRANO, BARBARA  
Address 8627 GLENCAIRN TERRACE  
City-State-Zip: HIALEAH FL 33016

Title T  
Name ACUNA, ADALBERTO B  
Address 8201 NW 167 ST  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name ZAMBRANO, WILLIAM JR.  
Address 8627 GLENCAIRN TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

*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:** BARBARA ZAMBRANO

**ADMINISTRATOR**

**01/18/2018**

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

\_\_\_\_\_  
Date