

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81782

FILED
Feb 02, 2015
Secretary of State
CC9929983309

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

Title ASST. TREASURER
Name BRICENO, MARIA
Address 3890 SW 146 AVE
City-State-Zip: MIRAMAR FL 33027

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

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date