

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M81782

**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

VP

02/08/2016

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