

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000102278

**Entity Name:** DR. ANUP K PANJWANI AND ASSOCIATES, INC.

**Current Principal Place of Business:**

HI DEF EYECARE  
11930 ACTON LANE  
WALDORF, MD 20601

**Current Mailing Address:**

10213 BRITTENFORD DR  
VIENNA, VA 22182 US

**FEI Number: 59-3678852**

**Certificate of Status Desired:** No

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

PANJWANI, ANUP K  
10569 AVENTURA DR  
JACKSONVILLE, FL 32256 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            P  
Name            PANJWANI, ANUP K  
Address        10569 AVENTURA DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            ST  
Name            PANJWANI, ADITI  
Address        10569 AVENTURA DR  
City-State-Zip: JACKSONVILLE FL 32256

*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: ANUP PANJWANI**

**PRESIDENT**

**02/21/2024**

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

\_\_\_\_\_  
Date