

**2016 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  
4813 BOAT LANDING DR  
ST. JOHNS, FL 32092 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	Title	ST
Name	PANJWANI, ANUP K	Name	PANJWANI, ADITI
Address	4813 BOAT LANDING DR	Address	4813 BOAT LANDING DR
City-State-Zip:	ST JOHNS FL 32092	City-State-Zip:	ST JOHNS FL 32092

*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** \_\_\_\_\_

**PRES**

**03/03/2016**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date