

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000107262

**Entity Name:** CORNEA & REFRACTIVE CONSULTANTS OF THE PALM BEACHES, P.A.

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0724864469**

**Current Principal Place of Business:**

11020 RCA CENTER DRIVE, SUITE 2001  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

11020 RCA CENTER DRIVE, SUITE 2001  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 65-1062992**

**Certificate of Status Desired: No**

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

SALINGER, CLIFFORD L MD  
11020 RCA CENTER DRIVE  
SUITE 2001  
PALM BEACH GARDENS, FL 33410 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: CLIFFORD L. SALINGER, MD**

**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SALINGER, CLIFFORD LMD  
Address 162 OAKWOOD LANE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: CLIFFORD L. SALINGER**

**MD / OWNER**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date