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

Electronic Signature of Signing Officer/Director Detail

OWNER/MD

01/28/2019

FEI Number: 65-1062992

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

Electronic Signature of Registered Agent

Officer/Director Detail :

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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107262

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

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

Name and Address of Current Registered Agent:

SALINGER, CLIFFORD L MD 11020 RCA CENTER DRIVE **SUITE 2001**

Secretary of State 7481547046CC	

FILED Jan 28, 2019

Certificate of Status Desired: No

01/28/2019 Date

Date