

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134167

**Entity Name:** BOHICA OPHTHALMICS, INC.

**Current Principal Place of Business:**

4703 SUNSET DRIVE  
VERO BEACH, FL 32963

**Current Mailing Address:**

4703 SUNSET DRIVE  
VERO BEACH, FL 32963 US

**FEI Number:** 54-2091749

**Certificate of Status Desired:** No

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

RIVERO, ANDRES  
4703 SUNSET DRIVE  
VERO BEACH, FL 32963 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            PRESIDENT  
Name            RIVERO, ANDRES  
Address        4703 SUNSET DRIVE  
City-State-Zip: VERO BEACH FL 32963

*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: ANDRES RIVERO**

**PRESIDENT**

**01/26/2024**

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

\_\_\_\_\_  
Date