

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000028830

Entity Name: DOCTOR SMITH EYE CARE, P.A.

Current Principal Place of Business:

42295 LAKE TIMBER DRIVE
PUNTA GORDA, FL 33982

Current Mailing Address:

42295 LAKE TIMBER DRIVE
PUNTA GORDA, FL 33982 US

FEI Number: 27-2264728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD SUITE 101
FORT MYERS, FL 33907 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 DPST
Name SMITH, RODNEY J
Address 42295 LAKE TIMBER DRIVE
City-State-Zip: PUNTA GORDA FL 33982

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: SMITH , RODNEY J

PRESIDENT

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date