

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000028981

Entity Name: RETINA CARE CONSULTANTS, P.A.**Current Principal Place of Business:**2401 UNIVERSITY PARKWAY, SUITE 205
SARASOTA, FL 34243**Current Mailing Address:**2401 UNIVERSITY PARKWAY
BUILDING 1 SUITE 205
SARASOTA, FL 34243 US**FEI Number:** 45-4893062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHANE, THOMAS S
3550 S TAMIAMI TRAIL
SUITE 201
SARASOTA, FL 34239 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	VP
Name	SHANE, THOMAS S	Name	SHANE, THOMAS S
Address	3550 S TAMIAMI TRAIL SUITE 201	Address	3550 S TAMIAMI TRAIL SUITE 201
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239
Title	SEC	Title	TRES
Name	SHANE, THOMAS S	Name	SHANE, THOMAS S
Address	3550 S TAMIAMI TRAIL SUITE 201	Address	3550 S TAMIAMI TRAIL SUITE 201
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

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: THOMAS SHANE**PRESIDENT****01/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date