

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000057604

**Entity Name:** COASTAL EYE CARE INC

**Current Principal Place of Business:**

912 SOUTH MISSOURI AVE  
CLEARWATER, FL 33756

**Current Mailing Address:**

912 SOUTH MISSOURI AVE  
CLEARWATER, FL 33756

**FEI Number:** 38-4813852

**Certificate of Status Desired:** No

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

CORMIER, ANDREW  
4216 NORTH W B STREET  
UNIT B  
TAMPA, FL 33609 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 PDST  
Name CORMIER, ANDREW  
Address 912 SOUTH MISSOURI AVE  
City-State-Zip: CLEARWATER FL 33756

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:** ANDREW CORMIER

**OWNER**

**03/17/2017**

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

\_\_\_\_\_  
Date