

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000057604

**Entity Name:** COASTAL EYE CARE INC

**Current Principal Place of Business:**

8001 US HIGHWAY 19 NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

8001 US HIGHWAY 19 NORTH  
PINELLAS PARK, FL 33781 US

**FEI Number:** 36-4813852

**Certificate of Status Desired:** No

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

CORMIER, ANDREW  
200 EMERALD LANE  
LARGO, FL 33771 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 200 EMERALD LANE  
City-State-Zip: LARGO FL 33771

*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

**PRESIDENT**

**06/14/2019**

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

\_\_\_\_\_  
Date