

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000057604

Entity Name: COASTAL EYE CARE INC

Current Principal Place of Business:

1943 DREW STREET
CLEARWATER, FL 33765

Current Mailing Address:

1943 DREW STREET
CLEARWATER, FL 33765 US

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 1943 DREW STREET
City-State-Zip: CLEARWATER FL 33765

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

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date