

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P16000010851

**Entity Name:** INTRACOASTAL EYECARE ' PA

**Current Principal Place of Business:**

3745 NE 163RD ST.  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3745 NE 163RD ST.  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 83-1301626**

**Certificate of Status Desired: Yes**

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

GINSBERG, MONICA  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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: MONICA GINSBERG**

**11/04/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PTSD	Title	D
Name	GINSBERG, MONICA B	Name	GINSBERG, BRUCE
Address	3745 NE 163RD ST.	Address	3745 NE 163RD ST.
City-State-Zip:	NORTH MIAMI BEACH FL 33160	City-State-Zip:	NORTH MIAMI BEACH FL 33160

*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: MONICA GINSBERG**

**PRESIDENT**

**11/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date