

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000069623

Entity Name: WELLS EYE CARE, P.A.

Current Principal Place of Business:

10490 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Current Mailing Address:

10490 SAN JOSE BLVD
JACKSONVILLE, FL 32257

FEI Number: 87-2130450

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WELLS, KYLE
10490 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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 PRESIDENT, TREASURER,
 SECRETARY
Name WELLS, KYLE
Address 10490 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32257

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: KYLE WELLS

04/25/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date