

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000054537

**Entity Name:** REVIVE DRY EYE & AESTHETICS, CORP.

**Current Principal Place of Business:**

820 WEST LAKE MARY BOULEVARD  
SUITE 104  
SANFORD, FL 32773

**Current Mailing Address:**

820 WEST LAKE MARY BOULEVARD  
SUITE 104  
SANFORD, FL 32773

**FEI Number:** 93-2725936

**Certificate of Status Desired:** No

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

NUTAKKI, SATYANAGENDRA S  
968 SWEETGUM VALLEY PLACE  
LAKE MARY, FL 32746 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                      P  
Name                      NUTAKKI, MONA P  
Address                      968 SWEETGUM VALLEY PL  
City-State-Zip:              LAKE MARY FL 32746

Title                      P  
Name                      PATEL, PRITY  
Address                      628 LONGMEADOW CIRCLE  
City-State-Zip:              LONGWOOD FL 32779

*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:** MONA PATEL NUTAKKI

**PRESIDENT**

**03/31/2024**

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

\_\_\_\_\_  
Date