

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035309

Entity Name: OCULOPLASTIC AND ORBITAL CONSULTANTS, P.A.

Current Principal Place of Business:

4461 MEDICAL CENTER WAY
SUITE A
WEST PALM BEACH, FL 33407

Current Mailing Address:

4461 MEDICAL CENTER WAY
SUITE A
WEST PALM BEACH, FL 33407

FEI Number: 65-0486572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATIPA, MICHAEL
4461 MEDICAL CENTER WAY
SUITE A
WEST PALM BEACH, FL 33407 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 DPT
Name PATIPA, MICHAEL DR.
Address 4461 MEDICAL CENTER WAY, SUITE
A
City-State-Zip: WEST PALM BEACH FL 33407

Title DVS
Name CONNOR, MICHAEL A DR.
Address 4461 MEDICAL CENTER WAY, SUITE
A
City-State-Zip: WEST PALM BEACH FL 33407

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: MICHAEL PATIPA

DPT

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date