

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000035309

**FILED  
Jan 30, 2015  
Secretary of State  
CC8563776177**

**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: Yes**

**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**

**PRESIDENT**

**01/30/2015**

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

\_\_\_\_\_  
Date