

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014370

Entity Name: CORAL SPRINGS OPHTHALMOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

7886 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

7886 W. SAMPLE RD
CORAL SPRINGS, FL 33065

FEI Number: 65-0637697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODS, DONALD RDR.
7200 E. CYPRESSHEAD DRIVE
PARKLAND, FL 33067 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 DR.
Name WOODS, DONALD RDR.
Address 7200 E. CYPRESSHEAD DRIVE
City-State-Zip: PARKLAND FL 33067

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: DONALD WOODS

OWNER

01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date