

**2015 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 R WOODS

**PRESIDENT**

**01/17/2015**

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

\_\_\_\_\_  
Date