

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000041958

**Entity Name:** DRS. AIRALA LASER & CATARACT INSTITUTE, P.A.

**Current Principal Place of Business:**

2441 SW 37TH AVENUE  
MIAMI, FL 33145

**Current Mailing Address:**

2441 SW 37TH AVENUE  
MIAMI, FL 33145

**FEI Number:** 65-0676982

**Certificate of Status Desired:** No

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

ESQUENAZI, SALOMON MD  
2441 SW 37TH AVENUE  
MIAMI, FL 33145 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:** SALOMON ESQUENAZI, MD

01/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY, DIRECTOR  
Name            ESQUENAZI, SALOMON MD  
Address        2441 SW 37TH AVENUE  
City-State-Zip: MIAMI FL 33145

Title            VP, TREASURER, DIRECTOR  
Name            BIBAS, OLGA  
Address        2441 SW 37TH AVENUE  
City-State-Zip: MIAMI FL 33145

*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:** SALOMON ESQUENAZI

**MANAGER MEMBER**

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date