

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000038167

Entity Name: ADVANCED CATARACT & GLAUCOMA CARE, PLLC

Current Principal Place of Business:

7515 STATE RD 52,
STE 104
HUDSON, FL 34667

Current Mailing Address:

7515 STATE RD 52,
STE 104
HUDSON, FL 34667 US

FEI Number: 83-3475668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIFINO, WILLIAM J SR.
401 EAST JACKSON ST, SUITE 2500
TAMPA FL 33602 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

Authorized Person(s) Detail :

Title MGR
Name SHEETS, CLINTON W
Address 4640 AYRON TERRACE
City-State-Zip: PALM HARBOR FL 34685

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLINTON SHEETS

MANAGER

01/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date