

**2020 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**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date