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:	ARAN,ALBERT	MNGR	02/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

2540 N.E. NINTH STREET FORT LAUDERDALE,FL 33304

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# M0400002720

951 SW LEJEUNE RD 2ND FLOOR CORAL GABLES, FL 33134 US

FEI Number: 20-1344254

Name and Address of Current Registered Agent:

ARAN, FERNANDO S 255 UNIVERSITY DRIVE CORAL GABLES, FL 33134 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

Authorized Person(s) Detail :

Title	MGR
Name	ARAN, ALBERT J
Address	2540 N.E. NINTH STREET
City-State-Zip:	FORT LAUDERDALE FL 33304

Entity Name: EYE CARE AND SURGERY CENTER OF FT LAUDERDALE, LLC

FILED Feb 17, 2020 Secretary of State 9321496647CC

Certificate of Status Desired: No

Date