

**2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M04000002720

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 20-1344254**

**Certificate of Status Desired: No**

**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

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	ARAN, ALBERT J	Name	SETTEMBRINO, JEFF
Address	2540 N.E. NINTH STREET	Address	1515 SUNSET DR STE 32
City-State-Zip:	FORT LAUDERDALE FL 33304	City-State-Zip:	MIAMI FL 33143
Title	MANAGER		
Name	KUIPER, PATRICK		
Address	1515 SUNSET DR STE 32		
City-State-Zip:	MIAMI FL 33143		

*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: JEFF SETTEMBRINO**

**MANAGER**

**08/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date