

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 488989

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** MORAN & MAURI EYE CENTER, P.A.

**Current Principal Place of Business:**

15332 NW 79TH COURT  
SUITE 101  
MIAMI LAKES, FL 330165808 US

**New Principal Place of Business:**

**Current Mailing Address:**

15332 NW 79TH COURT  
SUITE 101  
MIAMI LAKES, FL 330165808 US

**New Mailing Address:**

**FEI Number:** 59-1635223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLOS A. MAURI  
15332 NW 79 COURT  
SUITE 101  
MIAMI LAKES, FL 33016 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MORAN, RAMON, JR  
Address: 2127 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33129

Title: DR  
Name: MAURI, CARLOS A  
Address: 3321 TOLEDO PLAZA  
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS A MAURI

DR

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date