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MOGBO, CHUCH P.A. 231 NO. STATE ROAD 7 STE. 124 LAUDERHILL FI. 33313 City		6. Name and Address of Currer	nt Registered Agent		7.	Name and Address	of New Registered	Agent	
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I. hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an officer or director	AME TREET ADDRESS ITY ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AMME TREET ADDRESS TY-ST-ZIP TILE AMME	Signature, typed or printed rame of registered age oration is eligible to satisfy its Intangib requirement and elects to do so, ris on back) OFFICERS AN P IKEJIANI, EBERE J 2321 DUNHILL AVE MIRAMAR FL 33025 VP KEJIANI, AZUBUEZE 2321 DUNHILL AVE MIRAMAR FL 33025 D KEJIANI, AFAM MD 1916 PATTERSON ROAD NASHVILLE TN D IKEJIANI, OLISA MD 17118 HANOVER AVE ALLEN PRIL MI D KEJIANI, BONNY MD 2003 FULTON RD	FILE NOW After MAY 1, 2 Make Check Pays D DIRECTORS Delete Delete Delete	VIII FEE IS \$150.1 OO1 Fee will be \$5 shible to Department 12 TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. SIREET ADDRESS CITY-ST-ZIP TITLE NAME.	00 50.00 of State	10. Election Cam Trust Fund Co	peign Financing ontribution.	Added Change Change Change Change Change	d to Fees S IN 11 Addition Addition Addition
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n. Enlity Name RETINA VITREOUS CONSULTAI	NTS, LLP	•		-7 PM 2:30	•
Principal Place of Business Address 5601 North Dixie thuy - Suit Ft Landerdule, PL 33334	Mailing Address		SECRET/ TALLAHA	ARY OF STATE SSEE. FLORIE	<u> </u>
2. Principal Place of Business Address Same Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.			NOT WRITE IN THIS:	SDACE
City & State	City & State		4. FEI Number		Applied For Not Applicable
Zip Country 6. Name and Address of Current R	. در المحادثة بالمحادثة المحادثة المحاد	Country	_5Certificate_of_Status		\$8.75 Additional Fee Required
Ronald-Glatzer-MD- Retina Vitreous Consulta 5601 North Dixie Highwa Fot Laudertole Fe 33334	uts, LLP	Name Street Address ((P.O. Box Number is Not A		
8. The above named entity submits this statement for the SIGNATURE Representative typed or printed name of registered agent and		stered office or register	red agent, or both, in the \$		
Constitution of the state of th	FEE	NOW!!! S \$25.00 By May 1		010001 972770101 ****25.00	
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9. The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE!