

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 488989

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

**Current Principal Place of Business:**

15332 NW 79TH COURT  
SUITE 101  
MIAMI LAKES, FL 33016-5808

**Current Mailing Address:**

15332 NW 79TH COURT  
SUITE 101  
MIAMI LAKES, FL 33016-5808 US

**FEI Number:** 59-1635223

**Certificate of Status Desired:** No

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

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

**Officer/Director Detail :**

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

Title DR  
Name MAURI, CARLOS A  
Address 3321 TOLEDO PLAZA  
City-State-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

**CLINICAL DIRECTOR**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date