

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600577

Entity Name: ST. LUKE'S CATARACT AND LASER INSTITUTE, P.A.

Current Principal Place of Business:

43309 US HIGHWAY 19 N
TARPON SPRINGS, FL 34689

Current Mailing Address:

P O BOX 5000
TARPON SPRINGS, FL 34688-5000 US

FEI Number: 59-1224512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOUSER, J. BRADLEY
43309 U.S. HIGHWAY 19 N
TARPON SPRINGS, FL 34689 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: J. BRADLEY HOUSER

01/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name GILLS, J. PITZER III
Address 43309 US HIGHWAY 19 N
City-State-Zip: TARPON SPRINGS FL 34689

Title DVST
Name HOUSER, J. BRADLEY
Address 43309 US HIGHWAY 19 N
City-State-Zip: TARPON SPRINGS FL 34689

Title CFO
Name ROSZEL, A. MICHAEL
Address 43309 US HIGHWAY 19 N
City-State-Zip: TARPON SPRINGS FL 34689

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: J. BRADLEY HOUSER

DVST

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date