

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604958

Entity Name: EDWARD L. BUDD O.D., DR. OF OPTOMETRY, PA

Current Principal Place of Business:

C/O EDWARD L. BUDD, O.D.
377 N. KROME AVE
HOMESTEAD, FL 33030

Current Mailing Address:

C/O EDWARD L. BUDD, O.D.
377 N. KROME AVE
HOMESTEAD, FL 33030 US

FEI Number: 59-1508785

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUDD, EDWARD L.
377 NORTH KROME AVENUE
HOMESTEAD, FL 33030 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	PD	Title	D
Name	BUDD, EDWARD L DR.	Name	BUDD, MIMI A
Address	377 N. KROME AVE.	Address	377 N. KROME AVE.
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030

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: EDWARD L BUDD OD

PRESIDENT

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date