## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67810

Entity Name: SUNCOAST EYE CENTER, P.A.

**Current Principal Place of Business:** 

14003 LAKESHORE BLVD HUDSON, FL 34667

**Current Mailing Address:** 

14003 LAKESHORE BLVD HUDSON, FL 34667 US

FEI Number: 59-2337219 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEIGEL, LAWRENCE A. 14003 LAKESHORE BLVD HUDSON, FL 34667 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

**FILED** Apr 12, 2016

**Secretary of State** 

CC1403302594

Officer/Director Detail:

Title Title DST

Name SEIGEL, LAWRENCE A. Name FREEDMAN, ALAN M. Address 14003 LAKESHORE BLVD Address 14003 LAKESHORE BLVD. City-State-Zip: HUDSON FL 34667 City-State-Zip: HUDSON FL 34667

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: DEBORA KAPLAN

Electronic Signature of Signing Officer/Director Detail

**ADMINISTRATOR** 

04/12/2016 Date