

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H69092

**Entity Name:** EYE PHYSICIANS AND SURGEONS OF FLORIDA, P.A.

**Current Principal Place of Business:**

4790 BARKLEY CIRCLE  
BLDG C #103  
FT. MYERS, FL 33907

**Current Mailing Address:**

4790 BARKLEY CIRCLE  
BLDG C #103  
FT. MYERS, FL 33907 US

**FEI Number:** 59-2559784

**Certificate of Status Desired:** Yes

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

SNEAD, JOHN W.  
4790 BARKLEY CIRCLE #C103  
FT. MYERS, FL 33907 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	PRES	Title	VP
Name	SNEAD, JOHN WMD	Name	SNEAD, BRADFORD
Address	4790 BARKLEY CIRCLE BLDG C #103	Address	4790 BARKLEY CIRCLE BLDG C #103
City-State-Zip:	FT. MYERS FL 33907	City-State-Zip:	FT. MYERS FL 33907

*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:** JOHN SNEAD

**PRES**

**01/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date