

**2024 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:** No

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

MINCK, LINDA R  
5629 STRAND BLVD.  
SUITE 405  
NAPLES, FL 34110 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:** LINDA R. MINCK

02/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER,  
PRESIDENT  
Name SNEAD, BRADFORD  
Address 4790 BARKLEY CIRCLE  
BLDG C #103  
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:** BRADFORD SNEAD

SECRETARY,  
TREASURER, PRESIDENT

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date