

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H71218

**Entity Name:** EVA KAREN BOSWELL, OPTOMETRIST, O.D., PROFESSIONAL ASSOCIATION

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC3848985893**

**Current Principal Place of Business:**

645 LEMON AVE  
LAKE ALFRED, FL 33850

**Current Mailing Address:**

645 LEMON AVE  
LAKE ALFRED, FL 33850 US

**FEI Number: 59-2569525**

**Certificate of Status Desired: No**

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

BOSWELL, EVA KAREN  
645 LEMON AVE  
LAKE ALFRED, FL 33850 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  
Name           BOSWELL, E. KAREN  
Address        645 LEMON AVE  
City-State-Zip: LAKE ALFRED FL 33850

*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: EVA KAREN BOSWELL**

**PRESIDENT**

**01/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date