

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97080

Entity Name: MID-FLORIDA EYE CENTER, P.A.**Current Principal Place of Business:**17560 U.S. HWY 441
MOUNT DORA, FL 32757**Current Mailing Address:**2727 N HARWOOD ST
STE 350
DALLAS, TX 75201 US**FEI Number:** 59-2848302**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	BAUMANN, JEFFREY D. M.D.
Address	17560 U.S. HWY 441
City-State-Zip:	MT DORA FL 32757

Title	PRESIDENT
Name	NEAL, GEORGE
Address	2727 N HARWOOD ST. STE 350
City-State-Zip:	DALLAS TX 75201

Title	TREASURER
Name	CHO, AARON
Address	2727 N HARWOOD ST. STE 350
City-State-Zip:	DALLAS TX 75201

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: GEORGE L. NEAL

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail_____
Date