

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L61600

**Entity Name:** WEST BROWARD EYECARE ASSOCIATES, INC.

**Current Principal Place of Business:**

7822 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

7822 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

**FEI Number:** 59-3003170

**Certificate of Status Desired:** No

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

GUSTAVO GARMIZO  
7822 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321 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           | D                        | Title           | VP                       |
| Name            | GARMIZO, GUSTAVO         | Name            | PASOL, BRIANNA RHUE DR.  |
| Address         | 7822 N. UNIVERSITY DRIVE | Address         | 7822 N. UNIVERSITY DRIVE |
| City-State-Zip: | TAMARAC FL 33321         | City-State-Zip: | TAMARAC FL 33321         |

*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:** BRIANNA RHUE PASOL

**VICE PRESIDENT**

**03/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date