

**2023 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:**

PASOL, BRIANNA RHUE DR.  
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:** BRIANNA RHUE PASOL

01/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name RHUE PASOL, BRIANNA DR.  
Address 7822 N. UNIVERSITY DRIVE  
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

**PRESIDENT**

01/29/2023

Electronic Signature of Signing Officer/Director Detail

Date