

2014 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
Name GARMIZO, GUSTAVO
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: GUSTAVO GARMIZO

PRESIDENT

04/20/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date