**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 01, 2014**
**Secretary of State**
**CC0842266807**

DOCUMENT# L92229

**Entity Name:** CENTER FOR EYE CARE & SURGERY, P.A.

**Current Principal Place of Business:**

1821 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

1821 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

**FEI Number: 65-0208821**

**Certificate of Status Desired:** No

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

SILVIANO MATAMOROS
1821 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 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 | PST |
| Name | MATAMOROS, SILVIANO MD |
| Address | 1821 SE PSL BLVD |
| City-State-Zip: | PORT ST LUCIE FL 34952 |

*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: SILVIANO MATAMOROS PRESIDENT 02/01/2014

Electronic Signature of Signing Officer/Director Detail — Date