

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

02/19/2017

Electronic Signature of Signing Officer/Director Detail

Date