

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000028730

**Entity Name:** NEWSOM EYE & LASER CENTER, INC.

**Current Principal Place of Business:**

13904 N DALE MABRY HWY, STE 200  
TAMPA, FL 33618

**Current Mailing Address:**

13904 N DALE MABRY HIGHWAY, STE 200  
TAMPA, FL 33618 US

**FEI Number:** 65-1098324

**Certificate of Status Desired:** No

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

NEWSOM, THOMAS HMD  
13904 N DALE MABRY HWY, STE 200  
TAMPA, FL 33618 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 MGR  
Name NEWSOM, THOMAS HMD  
Address 13904 N DALE MABRY HWY, STE 200  
City-State-Zip: TAMPA FL 33618

*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:** NEWSOM , THOMAS , HMD

MGR

06/09/2020

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date