

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079790

**Entity Name:** OPHTHALMOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

3100 CORAL HILLS DR.  
SUITE #206  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3100 CORAL HILLS DR.  
SUITE #206  
CORAL SPRINGS, FL 33065

**FEI Number:** 14-1840517

**Certificate of Status Desired:** No

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

GLICK, LISA PESQ  
3100 CORAL HILLS DR.  
SUITE #206  
CORAL SPRINGS, FL 33065 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 PRES  
Name GLICK, HENRY ED.O.  
Address 3100 CORAL HILLS DR., SUITE 206  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** HENRY E. GLICK

**PRESIDENT**

**01/11/2017**

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

\_\_\_\_\_  
Date