

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003086

Entity Name: LOWINGER EYECARE, P.A.

Current Principal Place of Business:

14800 SOLE MIA WAY
NORTH MIAMI, FL 33181

Current Mailing Address:

2260 BAYVIEW LANE
NORTH MIAMI, FL 33181

FEI Number: 65-1119452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWINGER, STEVEN
2260 BAYVIEW LANE
MIAMI, FL 33181 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 P
Name LOWINGER, STEVEN
Address 2260 BAYVIEW LANE
City-State-Zip: NORTH MIAMI FL 33181

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: STEVEN LOWINGER

OD

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date