

**2024 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

01/31/2024

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

\_\_\_\_\_ Date