

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045029

Entity Name: MIDTOWN EYE CARE, P.A.

Current Principal Place of Business:

599 SOUTH FEDERAL HIGHWAY SUITE 102
DANIA BEACH, FL 33004

Current Mailing Address:

599 SOUTH FEDERAL HIGHWAY SUITE 102
DANIA BEACH, FL 33004 US

FEI Number: 20-8826275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POMELLA, KERI
3552 MAGELLAN CIRCLE
APT 124
AVENTURA, FL 33180 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 PTD
Name POMELLA, KERI M
Address 3552 MAGELLAN CIRCLE 124
City-State-Zip: ADVENTURA FL 33180

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: KERI M POMELLA

PRESIDENT

04/22/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date