

**2024 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	Title	VP
Name	POMELLA, KERI M	Name	JACOBS, GARY
Address	3552 MAGELLAN CIRCLE 124	Address	599 SOUTH FEDERAL HIGHWAY SUITE 102
City-State-Zip:	ADVENTURA FL 33180	City-State-Zip:	DANIA BEACH FL 33004

*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, OD

**PRESIDENT**

**04/14/2024**

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

\_\_\_\_\_  
Date