

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000051176

**Entity Name:** LAWRENCE EYE CARE P.A.

**Current Principal Place of Business:**

3306 N UNIVERSITY DR  
SUNRISE, FL 33351

**Current Mailing Address:**

3306 N UNIVERSITY DR  
SUNRISE, FL 33351 US

**FEI Number:** 26-2665130

**Certificate of Status Desired:** No

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

LAWRENCE, ELISE A DR.  
3306 N UNIVERSITY DR  
SUNRISE, FL 33351 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:** ELISE LAWRENCE

06/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAWRENCE, ELISE A DR.  
Address 3306 N UNIVERSITY DR  
City-State-Zip: SUNRISE FL 33351

*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:** ELISE LAWRENCE

PRESIDENT

06/06/2017

Electronic Signature of Signing Officer/Director Detail

Date