

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000011150

**Entity Name:** MIDTOWN MIAMI EYE CENTER INC.

**Current Principal Place of Business:**

5524 NW 7TH AVE  
MIAMI, FL 33127

**Current Mailing Address:**

8718 BLAZE COURT  
DAVIE, FL 33328

**FEI Number:** 26-4249775

**Certificate of Status Desired:** No

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

MASTERS, SALAHUDDIN  
8718 BLAZE COURT  
DAVIE, FL 33328 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            MASTERS, SALAHUDDIN  
Address        8718 BLAZE COURT  
City-State-Zip: DAVIE FL 33328

*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:** SALAHUDDIN MASTERS

**PRESIDENT**

**04/28/2017**

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

\_\_\_\_\_ Date