

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000102554

**Entity Name:** MATTHEW D. HELSING, O.D., PA

**Current Principal Place of Business:**

1108 SOUTH DALE MABRY HIGHWAY  
C  
TAMPA, FL 33629

**FILED**  
**May 16, 2021**  
**Secretary of State**  
**7068909906CC**

**Current Mailing Address:**

12245 GARDEN LAKE CIRCLE  
ODESSA, FL 33556 US

**FEI Number: 47-2676356**

**Certificate of Status Desired: No**

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

HELISING, MATTHEW D  
12245 GARDEN LAKE CIRCLE  
ODESSA, FL 33556 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            PRES  
Name            HELSING, MATTHEW D  
Address        12245 GARDEN LAKE CIRCLE  
City-State-Zip: ODESSA FL 33556

Title            VP  
Name            HELSING, MATTHEW D  
Address        12245 GARDEN LAKE CIRCLE  
City-State-Zip: ODESSA FL 33556

Title            SECT  
Name            HELSING, JENNIFER  
Address        12245 GARDEN LAKE CIRCLE  
City-State-Zip: ODESSA FL 33556

Title            TREA  
Name            HELSING, JENNIFER  
Address        12245 GARDEN LAKE CIRCLE  
City-State-Zip: ODESSA FL 33556

Title            DIR  
Name            HELSING, MATTHEW D  
Address        12245 GARDEN LAKE CIRCLE  
City-State-Zip: ODESSA FL 33556

*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: MATTHEW HELSING**

**PRESIDENT**

**05/16/2021**

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

\_\_\_\_\_  
Date