

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000017192

Entity Name: BISCAYNE OPTOMETRY, INC.

Current Principal Place of Business:

3670 LAKEWOOD BLVD
NORTH PORT, FL 34287

Current Mailing Address:

3670 LAKEWOOD BLVD
NORTH PORT, FL 34287 US

FEI Number: 47-3341466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOFFOLI, NICHOLAS
3670 LAKEWOOD BLVD
NORTH PORT, FL 34287 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 PRESIDENT
Name TOFFOLI, NICHOLAS
Address 3670 LAKEWOOD BLVD
City-State-Zip: NORTH PORT FL 34287

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: NICHOLAS TOFFOLI

PRESIDENT

03/16/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date