

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000051882

**Entity Name:** KESSELMAN EYE CARE INC

**Current Principal Place of Business:**

19501 NW 27TH AVE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

927 N 14TH AVE  
HOLLYWOOD, FL 33020 US

**FEI Number:** 47-4255434

**Certificate of Status Desired:** No

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

KESSELMAN, JOSEPH  
927 N 14TH AVE  
HOLLYWOOD, FL 33020 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            D  
Name            KESSELMAN, JOSEPH  
Address        927 N 14TH AVE  
City-State-Zip: HOLLYWOOD FL 33020

*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:** JOSEPH KESSELMAN

**PRESIDENT**

**05/01/2024**

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

\_\_\_\_\_  
Date