

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000051882

**Entity Name:** KESSELMAN EYE CARE INC

**Current Principal Place of Business:**

18090 COLLINS AVE  
STE T-13  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18090 COLLINS AVE  
STE T-13  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 47-4255434

**Certificate of Status Desired:** No

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

KESSELMAN, JOSEPH  
17150 N BAY RD  
2313  
SUNNY ISLES BEACH, FL 33160 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        17150 N BAY RD  
                  2313  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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

DR.

04/24/2021

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

\_\_\_\_\_  
Date