

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000007841

Entity Name: ROSIN EYECARE, P.A.

Current Principal Place of Business:

1825 NE 164TH ST #1
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1825 NE 164TH ST #1
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 83-3505281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
333 3RD AVE NORTH SUITE 200
ST. PETERSBURG, FL 33701 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 DPST
Name ROSIN, JONATHAN
Address 1825 NE 164TH STREET, #1
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: JONATHAN ROSIN

PRESIDENT

07/07/2025

Electronic Signature of Signing Officer/Director Detail

Date