

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000080748

**Entity Name:** WALNUT VISION CARE FL, P.A.

**Current Principal Place of Business:**

3101 PGA BOULEVARD, SUITE B-135  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3101 PGA BOULEVARD, SUITE B-135  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 87-2767818

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           | DIRECTOR, PRESIDENT,<br>SECRETARY, TREASURER, VICE<br>PRESIDENT |
| Name            | BRIDGES, ERICA                                                  |
| Address         | 3101 PGA BOULEVARD, SUITE B-135                                 |
| City-State-Zip: | PALM BEACH GARDENS FL 33410                                     |

*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:** ERICA BRIDGES

**DIRECTOR**

**04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date