

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000097522

**Entity Name:** EYECARE PHYSICIANS OF FLORIDA, P.A.

**Current Principal Place of Business:**

1911 N. MILLS AVENUE  
ORLANDO, FL 32803

**Current Mailing Address:**

1911 N. MILLS AVENUE  
ORLANDO, FL 32803 US

**FEI Number: 87-3693728**

**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 PD  
Name LEHR, JOHN T M.D.  
Address 1911 N. MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

*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: JOHN LEHR**

**PRESIDENT**

**03/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date