

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000004785

**Entity Name:** ST. JOHNS EYE CARE, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

2504 CRILL AVENUE  
PALATKA, FL 32177

**Current Mailing Address:**

2504 CRILL AVENUE  
PALATKA, FL 32177

**FEI Number:** 59-3231099

**Certificate of Status Desired:** No

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

DEPUTY, GERALD RO.D.  
2504 CRILL AVE  
PALATKA, FL 32177 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 DPT  
Name DEPUTY, GERALD RO.D.  
Address 2504 CRILL AVE  
City-State-Zip: PALATKA FL 32177

*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:** GERALD DEPUTY

OD

01/19/2021

Electronic Signature of Signing Officer/Director Detail

Date