

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000045662

**Entity Name:** SOUTH FLORIDA LASER EYE CENTER, INC.

**Current Principal Place of Business:**

8051 W. SUNRISE BLVD  
PLANTATION, FL 33322

**Current Mailing Address:**

8051 W. SUNRISE BLVD  
PLANTATION, FL 33322 US

**FEI Number:** 65-0505235

**Certificate of Status Desired:** No

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

TAVAKKOLI, HASSAN  
8051 W. SUNRISE BLVD  
PLANTATION, FL 33322 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 P  
Name TAVAKKOLI, HASSAN  
Address 8051 W. SUNRISE BLVD  
City-State-Zip: PLANTATION FL 33322

*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:** HASSAN TAVAKKOLI

CEO

01/11/2015

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

\_\_\_\_\_  
Date