

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40412

Entity Name: LEFFLER EYE CARE CENTER, INC.

Current Principal Place of Business:

9810 ALT A1A
STE 107
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

9810 ALT A1A
STE 107
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0347555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFFLER, WILLIAM, JR.
7886 150 CT N
PALM BEACH GARDENS, FL 33418 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 PTD
Name LEFFLER, WILLIAM JR.
Address 7886 150 CT N
City-State-Zip: PALM BCH GDNS FL 33418

Title VSD
Name HAAS, DEBORAH
Address 7886 150 CT N
City-State-Zip: PALM BCH GDNS FL 33418

Title EXECUTIVE SECRETARY
Name LEFFLER, REBECCA M
Address 9810 ALT A1A
STE 107
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: LEFFLER , WILLIAM JR.

PRES/ OFFICER OF LECC 03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date