DOCUMENT# L04000089936

### Entity Name: NORTH MIAMI BEACH EYE CENTER, LLC

### **Current Principal Place of Business:**

2000 NE 164TH ST NORTH MIAMI BEACH, FL 33162

# **Current Mailing Address:**

2000 NE 164TH ST NORTH MIAMI BEACH, FL 33162 US

# FEI Number: 20-1998268

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

INCORPORATE USA, INC. 2000 NE 164TH ST NORTH MIAMI BEACH, FL 33162 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	EDELMAN, REED S	Name	SHECHTMAN, LEON
Address	23480 MIRABELLA CIR S	Address	3526 JUNIPER LANE
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	DAVIE FL 33330

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEON SHECHTMAN

MGRM

02/18/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 18, 2016 Secretary of State CC5213864365

Certificate of Status Desired: No

Date