

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name EDELMAN, REED S  
Address 23480 MIRABELLA CIR S  
City-State-Zip: BOCA RATON FL 33433

Title MGRM  
Name SHECHTMAN, LEON  
Address 3526 JUNIPER LANE  
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

OD

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date