

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081071

Entity Name: ADVANCED CARE EYE CENTER LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2001 W DE LEON ST
APT #2
TAMPA, FL 33606

Current Mailing Address:

2001 W DE LEON ST
APT #2
TAMPA, FL 33606 US

FEI Number: 26-0674083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RATHINASAMY, DILIP M.D.
2001 W DE LEON ST
APT #2
TAMPA, FL 33606 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 RATHINASAMY, DILIP M.D.
Address 2001 W DE LEON ST
APT 2
City-State-Zip: TAMPA FL 33606

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: DILIP RATHINASAMY

MGRM

04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date