

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185792

**Entity Name:** PATEL FAMILY EYE CARE, PLLC

**Current Principal Place of Business:**

5736 SW 50TH AVE  
OCALA, FL 34474

**Current Mailing Address:**

5736 SW 50TH AVE  
OCALA, FL 34474 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PATEL, PRAVINA  
5736 SW 50TH AVE  
OCALA, FL 34474 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:** PRAVINA PATEL

04/30/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            PATEL, PRAVINA  
Address        5736 SW 50TH AVE  
City-State-Zip: Ocala FL 34474

*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:** PRAVINA PATEL

OWNER

04/30/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date