

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000185792

Entity Name: PATEL FAMILY EYE CARE, PLLC

Current Principal Place of Business:

4210 SW 55TH AVE
OCALA, FL 34474

Current Mailing Address:

4210 SW 55TH AVE
OCALA, FL 34474 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, PRAVINA
4210 SW 55TH 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name PATEL, PRAVINA
Address 4210 SW 55TH 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

04/19/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date