

**LARA** Corporations  
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Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

## ANNUAL REPORT

For use by DOMESTIC PROFESSIONAL CORPORATION

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 800976922

Annual Report Filing Year: 2021

1. The name of the corporation:

COMPLETE EYE CARE, P.C.

On behalf of the corporation, I certify that no changes have occurred in required information since the last year filed report.

This document must be signed by an authorized officer or agent:

Signed this 10th Day of May, 2021 by:

Signature	Title	Title if "Other" was selected
JOHN A WATERS, MD	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline  Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** 2021 ANNUAL REPORT

***for***

COMPLETE EYE CARE, P.C.

***ID Number:*** 800976922

***received by electronic transmission on*** May 10, 2021 ***, is hereby endorsed.***

***Filed on*** May 10, 2021 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 10th day of May, 2021.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***