## 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICE COPPOLA

Electronic Signature of Signing Officer/Director Detail

# FORT LAUDERDALE. FL 33309 US FEI Number: 59-2519226

**Current Principal Place of Business:** 

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

DOCUMENT# M14300

2900 W. CYPRESS CREEK RD FORT LAUDERDALE, FL 33309

**Current Mailing Address:** 

2900 W. CYPRESS CREEK RD

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:

Officer/Director Detail :			
Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR
Name	COPPOLA, ROBERT C	Name	COPPOLA, PATRICE
Address	2900 WEST CYPRESS CREEK ROAD	Address	2900 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309

Certificate of Status Desired: No

FILED Mar 01, 2024

#### Secretary of State 1099799747CC

Date

03/01/2024

TREASURER

Electronic Signature of Registered Agent

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTH FLORIDA VISION SERVICES, INC.

Date