

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023192

Entity Name: FAMILY VISION CARE, P.A.

Current Principal Place of Business:

9365 ATLANTIC BLVD
SUITE 2
JACKSONVILLE, FL 32225

Current Mailing Address:

9365 ATLANTIC BLVD
SUITE 2
JACKSONVILLE, FL 32225 US

FEI Number: 20-4285282

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POWELL, JAMES LIII
9365 ATLANTIC BLVD
SUITE 2
JACKSONVILLE, FL 32225 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

Officer/Director Detail :

Title P
Name POWELL, JAMES L, III
Address 9365 ATLANTIC BLVD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32225

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: JAMES L POWELL III

PRESIDENT

03/26/2024

Electronic Signature of Signing Officer/Director Detail

Date