2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2015
Secretary of State
CC5796000346

DOCUMENT# P06000023192

Entity Name: FAMILY VISION CARE, P.A.

Current Principal Place of Business:

9890 HUTCHINSON PARK DR
JACKSONVILLE, FL 32225

Current Mailing Address:

9378 ARLINGTON EXPRESSWAY
#327
JACKSONVILLE, FL 32225

FEI Number: 20-4285282

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POWELL, JAMES LIII
9378 ARLINGTON EXPRESSWAY
#327
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 LIII
Address	9378 ARLINGTON EXPRESSWAY #327
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 03/31/2015

Electronic Signature of Signing Officer/Director Detail — Date