

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023731

**Entity Name:** PENSACOLA VISION CENTER, INC.

**Current Principal Place of Business:**

6400 N. DAVIS HWY.  
STE 1  
PENSACOLA, FL 32504

**FILED**  
**Apr 09, 2023**  
**Secretary of State**  
**2758785437CC**

**Current Mailing Address:**

6400 N. DAVIS HWY .  
STE 1  
PENSACOLA, FL 32504 US

**FEI Number: 45-4758764**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEIN, BARRY J  
6400 N. DAVIS HWY.  
1  
PENSACOLA, FL 32504 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            STEIN, BARRY J  
Address        2536 BURCHARDT COURT  
City-State-Zip: GULF BREEZE FL 32504

Title            SECRETARY  
Name            STEIN, BARRY  
Address        6400 N. DAVIS HWY.  
                  1  
City-State-Zip: PENSACOLA FL 32504

*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: BARRY STEIN**

**PRESIDENT**

**04/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date