

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023731

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

**Current Principal Place of Business:**

6400 N. DAVIS HWY.  
1  
PENSACOLA, FL 32504

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC6550133990**

**Current Mailing Address:**

6601 N. DAVIS HWY .  
1B  
PENSACOLA, FL 32504

**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            VP  
Name            TERREZZA, GENE J  
Address        3195 HYDE PARK PL  
City-State-Zip: PENSACOLA FL 32503

*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**

**03/21/2017**

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

\_\_\_\_\_  
Date