

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000088955

Entity Name: FLORIDA FAMILY VISION CARE, INC.

Current Principal Place of Business:

8141 SW 24 COURT
APT. 107
DAVIE, FL 33324

Current Mailing Address:

8141 SW 24 COURT
APT. 107
DAVIE, FL 33324

FEI Number: 47-2261768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, MATTHEW
8141 SW 24 COURT
APT. 107
DAVIE, FL 33324 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 RODRIGUEZ, MATTHEW
Address 8141 SW 24 COURT APT. 107
City-State-Zip: DAVIE FL 33324

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: RODRIGUEZ, MATTHEW

P

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date