

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000079351

**Entity Name:** PRO VISION EYE CARE CENTER, INC.

**Current Principal Place of Business:**

16359 MIRAMAR PARKWAY  
MIRAMAR, FL 33027

**Current Mailing Address:**

16359 MIRAMAR PARKWAY  
MIRAMAR, FL 33027 US

**FEI Number: 81-4039878**

**Certificate of Status Desired: No**

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

CUEVAS, JESUS  
4120 SW 194 TERRACE  
MIRAMAR, FL 33029 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	Title	VP
Name	CUEVAS, JESUS	Name	JOBSON, ANASTASIA
Address	4120 SW 194 TERRACE	Address	4120 SW 194 TERRACE
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029

*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: JESUS CUEVAS**

**PRESIDENT**

**01/28/2022**

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

\_\_\_\_\_  
Date