

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000102143

**Entity Name:** ARIA VISION CARE, P.A.

**Current Principal Place of Business:**

8500 W 110TH ST STE 450  
OVERLAND PARK, KS 66210

**Current Mailing Address:**

8500 W 110TH ST STE 450  
OVERLAND PARK, KS 66210

**FEI Number:** 87-4157429

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PALMNTATION, 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:** OLGA HINKEL

02/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTSD  
Name DR. JOSEPH SCOTT SCHLESINGER  
Address 8500 W 110TH ST STE 450  
City-State-Zip: OVERLAND PARK KS 66210

Title VP  
Name DR. JOSEPH SCOTT SCHLESINGER  
Address 8500 W 110TH ST STE 450  
City-State-Zip: OVERLAND PARK KS 66210

*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:** JOHN ROSENBAUM

**CHIEF COMPLIANCE  
OFFICER**

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date