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 PLALNTATION, 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			12/20/2022	
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PTSD	Title	VP	
Name	DR. JOSEPH SCOTT SCHLESINGER	Name	DR. JOSEPH SCOTT SCHLESIN	GER
Address	8500 W 110TH ST STE 450	Address	8500 W 110TH ST STE 450	
City-State-Zip:	OVERLAND PARK KS 66210	City-State-Zip:	OVERLAND PARK KS 66210	

N

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: DR. JOSEPH SCOTT SCHLESINGER

VP

12/20/2022

2022 FLORIDA PROFIT CORPORATION REINSTATEMENT

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

F

FILED Dec 20, 2022 Secretary of State 7804981854CR

Electronic Signature of Signing Officer/Director Detail

Date