

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021774

**Entity Name:** PINES VISION CENTER LLC

**Current Principal Place of Business:**

10800 PINES BLVD  
SUITE 7  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

10800 PINES BLVD  
SUITE 7  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 27-2051047

**Certificate of Status Desired:** No

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

SCHREIBMAN, BARBARA H  
2645 EXECUTIVE PARK DRIVE  
SUITE 102  
WESTON, FL 33331 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

**Authorized Person(s) Detail :**

Title MGRM  
Name FALCON, GINNY  
Address 10800 PINES BLVD. SUITE#7  
City-State-Zip: PEMBROKE PINES FL 33026

Title MGRM  
Name FALCON, RENE  
Address 10800 PINES BLVD. SUITE#7  
City-State-Zip: PEMBROKE PINES FL 33026

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GINNY FALCON

**MANAGER**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date