

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000183971

Entity Name: DR. C VISION CARE, PLLC

Current Principal Place of Business:

9409 W HWY 98 STE. 50
PENSACOLA, FL 32506

Current Mailing Address:

10240 PALAO DR.
LILLIAN, AL 36549 US

FEI Number: 81-4058145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARBONNEAU, MARY
9409 W HWY 98 STE. 50
PENSACOLA, FL 32506 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 AMBR
Name CHARBONNEAU, MARY
Address 10240 PALAO DR.
City-State-Zip: LILLIAN AL 36549

Title AMBR
Name CHARBONNEAU, CHARLES
Address 10240 PALAO DR.
City-State-Zip: LILLIAN AL 36549

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: MARY CHARBONNEAU

AMBR

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date