

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000183971

Entity Name: DR. C VISION CARE, PLLC

Current Principal Place of Business:

2951 S. BLUE ANGEL PKWY.
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
2951 S. BLUE ANGEL PKWY.
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	Title	AMBR
Name	CHARBONNEAU, MARY	Name	CHARBONNEAU, CHARLES
Address	10240 PALAO DR.	Address	10240 PALAO DR.
City-State-Zip:	LILLIAN AL 36549	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

OWNER

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date