

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000040394

**Entity Name:** VISIONOLOGY PS, PLLC

**Current Principal Place of Business:**

102 WOODMONT BLVD  
STE 610  
NASHVILLE, TN 37205

**Current Mailing Address:**

102 WOODMONT BLVD  
STE 610  
NASHVILLE, TN 37205

**FEI Number:** 86-3759149

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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:** CT CORPORATION

11/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHOFNER, ROBERT S  
Address 102 WOODMONT BLVD STE 610  
City-State-Zip: NASHVILLE TN 37205

Title AP  
Name LIVINGSTON, DREW  
Address 102 WOODMONT BLVD STE 610  
City-State-Zip: NASHVILLE TN 37205

*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:** DREW LIVINGSTON

AP

11/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date