

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F06000005734**

1. Entity Name  
**OPTICARE MANAGED VISION, INC.**



Principal Place of Business  
**112 ZEBULON COURT  
ROCKY MOUNT, NC 27804**

Mailing Address  
**7711 CARONDELET AVENUE  
STE. 800  
ST. LOUIS, MO 63105**



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4730341**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000627586  
02/15/07-80063-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAROLD, JASON
STREET ADDRESS	112 ZEBULON COURT
CITY-ST-ZIP	ROCKY MOUNT, NC 27804
TITLE	VD
NAME	SCHEFFEL, WILLIAM N
STREET ADDRESS	7711 CARONDELET AVENUE, STE. 800
CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	SD
NAME	SPEARS, JENNIFER
STREET ADDRESS	7711 CARONDELET AVENUE, STE. 800
CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	TD
NAME	BUTTS, BRIAN
STREET ADDRESS	7711 CARONDELET AVENUE, STE. 800
CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	DT
NAME	DINKELMAN, TRICIA
STREET ADDRESS	7711 CARONDELET AVENUE, STE. 800
CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	D
NAME	NEIDORFF, MICHAEL F
STREET ADDRESS	7711 CARONDELET AVENUE, STE. 800
CITY-ST-ZIP	ST. LOUIS, MO 63105

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #