

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90140 042 ***150.00

DOCUMENT # *F99000000926*

1. Entity Name

Coordinated Vision Care, Inc.



DO NOT WRITE IN THIS SPACE

11030009

2. Principal Place of Business
2811 Lord Baltimore Drive

Suite, Apt. #, etc.

3. Mailing Address
9900 Bren Road East

Suite, Apt. #, etc.

Mail Route: MN008-T410

City & State
Baltimore, MD

City & State
Minnetonka, MN

4. FEI Number 31-1603051

Applied For
Not Applicable

Zip
21244

Country
USA

Zip
55343

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation

FL Zip Code
33324

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

January 15-May 11 Fee is \$150.00
After May 11 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PLEASE SEE ATTACHMENT A

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy F. Ryan, Secretary

Date

4/25/03

952-936-1839

Daytime Phone #

Attachment
- 99000000984
11030009

ATTACHMENT A

**OFFICERS AND DIRECTORS OF
COORDINATED VISION CARE, INC.**

Officers

Name & Title

Business Address

Laurence A. Manchio
President and CEO

2811 Lord Baltimore Drive
Baltimore, MD 21244

Timothy F. Ryan
Secretary

9900 Bren Road East
Minnetonka, MN 55343

David J. Lubben
Assistant Secretary

9900 Bren Road East
Minnetonka, MN 55343

Blaise C. Sedney
Treasurer

2811 Lord Baltimore Drive
Baltimore, MD 21244

Allan J. Weiss
Assistant Treasurer

9900 Bren Road East
Minnetonka, MN 55343

Directors

Name & Title

Business Address

Ronald B. Colby
Director

9900 Bren Road East
Minnetonka, MN 55343

David S. Wichmann
Director

9900 Bren Road East
Minnetonka, MN 55343