

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016307

1. Entity Name

PROFESSIONAL VISION CARE MANAGEMENT, LLC

Principal Place of Business

Mailing Address

1291 S. Powerline Road
Pompano Beach, FL 33069

2. Principal Place of Business

3. Mailing Address

1291 S. Powerline Road

Suite, Apt. #, etc.

Suite, Apt. #, etc. Same

City & State

City & State

Pompano Beach, FL

Zip

Country

Zip

Country

33069

USA

4. FEI Number

65-1069489

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Patrice M. Coppola
1291 S. Powerline Road
Pompano Beach, FL 33069

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Patrice M. Coppola

2/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: President
NAME: Robert Coppola
STREET ADDRESS: 1291 S. Powerline Rd.
CITY-ST-ZIP: Pompano Beach, FL 33069

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Gerald Motus
NAME: 11300 Burth St. N. #124
STREET ADDRESS: St. Petersburg, FL 33716

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Patrice M. Coppola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/01 (954) 972-6636

CR2E083 (11/00)