

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000016307

1. Entity Name
PROFESSIONAL VISION CARE MANAGEMENT, LLC



Principal Place of Business
**1205 S. POWERLINE ROAD
POMPAHO BEACH, FL 33069**

Mailing Address
**1205 S. POWERLINE ROAD
POMPAHO BEACH, FL 33069**



01062006No Chg-LLC

GR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1069489

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COPPOLA, PATRICE
1205 S. POWERLINE ROAD
POMPAHO BEACH, FL 33069**

**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 retaking)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000380007
01/11/06-80021-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COPPOLA, ROBERT
1205 S. POWERLINE ROAD
POMPAHO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
METUS, GERALD
11300 FOURTH ST. N. #124
ST. PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COPPOLA, PATRICE M
1205 SOUTH POWERLINE ROAD
POMPAHO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/4/06 (954) 772-2299