

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016307

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL VISION CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

2900 W. CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

2900 W. CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1069489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COPPOLA, PATRICE  
2900 W. CYPRESS CREEK  
FORT LAUDERDALE, FL 33309 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COPPOLA, ROBERT  
Address: 2900 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM ( ) Delete  
Name: MATUS, GERALD  
Address: 11300 FOURTH ST. N. #124  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM ( ) Delete  
Name: COPPOLA, PATRICE M  
Address: 2900 WEST CYPRESS CREEK ROAD # 4  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICE COPPOLA

D

01/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date