

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016307

FILED
Jan 04, 2010
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:

2900 W. CYPRESS CREEK RD # 4
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2900 W. CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

New Mailing Address:

2900 W. CYPRESS CREEK RD # 4
FORT LAUDERDALE, FL 33309

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
Name: COPPOLA, ROBERT
Address: 2900 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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

I hereby 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: ROBERT COPPOLA

MGR

01/04/2010

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