

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016307

FILED
Jan 04, 2011
Secretary of State

Entity Name: PROFESSIONAL VISION CARE MANAGEMENT, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2900 W. CYPRESS CREEK RD # 4
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:

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

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: PATRICE COPPOLA

01/04/2011

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

01/04/2011

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