

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012899

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** PRO VISION EYE CARE CENTERS, LLC

**Current Principal Place of Business:**

16359 MIRAMAR PARKWAY  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 822470  
SOUTH FLORIDA, FL 33082

**New Mailing Address:**

**FEI Number:** 54-2128303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ-GOVIN, MARLENE  
16359 MIRAMAR PARKWAY  
MIRAMAR, FL FL 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: MGRM  
Name: CRUZ-GOVIN, MARLENE  
Address: P.O.BOX 822470  
City-St-Zip: SOUTH FLORIDA, FL 330822470 US

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: MARLENE CRUZ-GOVIN

MNGR

04/13/2010

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