

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094587

**FILED**  
**Jul 07, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HEIKEN CHILDREN'S VISION PROGRAM, LLC

**Current Principal Place of Business:**

601 SW 8TH AVENUE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

601 SW 8TH AVENUE  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 59-0637847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO  
Name: JACKO, VIRGINIA A  
Address: 601 SW 8TH AVE.  
City-St-Zip: MIAMI, FL 33130

Title: S  
Name: FREED, OWEN S ESQ.  
Address: 601 SW 8TH AVE.  
City-St-Zip: MIAMI, FL 33130

Title: T  
Name: LEVITT, ALAN O.D.  
Address: 601 SW 8TH AVE.  
City-St-Zip: MIAMI, FL 33130

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: VIRGINIA A. JACKO

CEO

07/07/2011

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