

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90049 012 ***150.00

DOCUMENT # P00000055254

1. Entity Name
PHYSICIAN VISION CARE, INC.

Principal Place of Business
5820 SW 118TH STREET
CORAL GABLES FL 33156

Mailing Address
5820 SW 118TH STREET
CORAL GABLES FL 33156

00012400



2. Principal Place of Business

13611 Deerling Bay Drive
Suite, Apt. #, etc. #202
City & State Coral Gables FL

3. Mailing Address

13611 Deerling Bay Drive
Suite, Apt. #, etc. #202
City & State Coral Gables FL

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number **65-1026853**

Applied For
Not Applicable

Zip
33158

Country
USA

Zip
33158

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KULVIN, STEPHEN M MD
10650 SW 69TH AVENUE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13611 Deerling Bay Drive #202
City Coral Gables FL Zip Code 33158

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	KULVIN, STEPHEN M MD.	
CITY-ST-ZIP	5820 SW 118TH STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
13611 Deerling Bay Drive
Coral Gables, FL 33158
<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)