2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000055254

1. Entity Name
PHYSICIAN VISION CARE, INC.

Principal Place of Business	Mailing Address
13611 DEERING BAY DRIVE #202 CORAL GABLES, FL 33158	(Deering) 13611 DEERING BAY DRIVE #202 CORAL GABLES, FL 33158

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1026853
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KULVIN, STEPHEN M MD
13611 DEERING BAY DRIVE
#202
CORAL GABLES, FL 33158

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KULVIN, STEPHEN M MD.
STREET ADDRESS	13611 DEERINS BAY DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/12/04 305-674-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stephen M. Kulvin, MD