

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000055254

1. Entity Name
PHYSICIAN VISION CARE, INC.



Principal Place of Business
13611 DEERINS BAY DRIVE
#202
CORAL GABLES, FL 33158

Mailing Address
13611 DEERINS BAY DRIVE
#202
CORAL GABLES, FL 33158



01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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02/15/07-80030-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen M. Kulvin

Date

Daytime Phone #

2/5/07 305-794-3378