

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39350

Entity Name: ENVOLVE VISION OF FLORIDA, INC.**Current Principal Place of Business:**7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105**Current Mailing Address:**7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105 US**FEI Number:** 65-0094759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name LAVELY, DAVID
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT NC 27804

Title TREASURER, DIRECTOR
Name WINGFIELD, SCOTT
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT NC 27804

Title SECRETARY
Name KOSTER, CHRISTOPHER A.
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT OF TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP, DIRECTOR
Name ASHER, ANDREW
Address 8735 HENDERSON RD., REN1, 3RD FL
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY, DIRECTOR
Name WILLIAMS, MARLO
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT FL 27804

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRICIA DINKELMAN

VICE PRESIDENT, TAX

05/04/2020

Electronic Signature of Signing Officer/Director Detail_____
Date