

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M14300

**Entity Name:** SOUTH FLORIDA VISION SERVICES, INC.

**Current Principal Place of Business:**

2900 W. CYPRESS CREEK RD  
4  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

2900 W. CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**FEI Number: 59-2519226**

**Certificate of Status Desired: Yes**

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

COPPOLA, PATRICE M.  
2900 W. CYPRESS CREEK  
FORT LAUDERDALE, FL 33309 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	DP	Title	DT
Name	COPPOLA, ROBERT C	Name	COPPOLA, PATRICE
Address	2900 WEST CYPRESS CREEK ROAD	Address	2900 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309

*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: PATRICE COPPOLA**

**MEMBER**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date