

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085635

Entity Name: CORAL SPRINGS VISION CARE, PLLC

Current Principal Place of Business:

9773 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

9773 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

FEI Number: 26-3317124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORELLANA-MEDINA, KATHERINE LO.D.
9773 W SAMPLE RD
CORAL SPRINGS, FL 33065 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

Authorized Person(s) Detail :

Title MGR
Name ORELLANA-MEDINA, KATHERINE L
Address 9773 W SAMPLE RD
City-State-Zip: CORAL SPRINGS FL 33065

Title MANAGER
Name MEDINA, XAVIEFR
Address 9773 W. SAMPLE ROAD
City-State-Zip: CORAL SPRINGS FL 33065

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE ORELLANA-MEDINA

OD

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date