

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000094587

Entity Name: FLORIDA HEIKEN CHILDREN'S VISION PROGRAM, LLC**Current Principal Place of Business:**601 SW 8TH AVENUE
MIAMI, FL 33130**Current Mailing Address:**601 SW 8TH AVENUE
MIAMI, FL 33130 US**FEI Number:** 59-0637847**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FERNANDEZ, RICHARD
601 SW 8TH AVENUE
MIAMI, FL 33130 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:** RICHARD FERNÁNDEZ

01/22/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-------------------|
| Title | PRESIDENT |
| Name | JACKO, VIRGINIA A |
| Address | 601 SW 8TH AVE |
| City-State-Zip: | MIAMI FL 33130 |

| | |
|-----------------|--|
| Title | TREASURER |
| Name | LEVITT, ALAN O.D. |
| Address | 16485 COLLINS AVENUE APT 934, TOWER 3 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | MORRIS, STEPHEN A O.D. |
| Address | 5815 SW 94TH AVENUE |
| City-State-Zip: | MIAMI FL 33173 |

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: VIRGINIA A. JACKO

PRESIDENT & CEO

01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date