2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39350

Entity Name: ENVOLVE VISION OF FLORIDA, INC.

Current Principal Place of Business:

7700 FORSYTH BOULEVARD

SUITE 800

ST. LOUIS, MO 63105

Current Mailing Address:

7700 FORSYTH BOULEVARD

SUITE 800

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

FILED Apr 05, 2018

Secretary of State

CC4563263176

Officer/Director Detail:

Title VP Title DIRECTOR

Name HARROLD, JASON M. Name HARROLD, JASON M.

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR Title TREASURER

Name LAVELY, DAVID M. Name WINGFIELD, SCOTT

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

Title VP Title DIRECTOR

Name SCHWANEKE, JEFFREY A. Name WINGFIELD, SCOTT

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY Title PRESIDENT

Name WILLIAMSON, KEITH H. Name LAVELY, DAVID M.

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

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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 VP OF TAX 04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP OF TAX

Name DINKELMAN, TRICIA

Address 7700 FORSYTH BOULEVARD

SUITE 800

City-State-Zip: ST. LOUIS MO 63105