


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J89864</b> 1. Entity Name 20/20 EYECARE CENTER, P.A.	
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Principal Place of Business 5600 W COLONIAL DRIVE SUITE 103 ORLANDO, FL 32808 US	Mailing Address 5600 W COLONIAL DRIVE SUITE 103 ORLANDO, FL 32808 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOBEL, STEVEN  
5600 W COLONIAL DRIVE  
SUITE 103  
ORLANDO, FL 32850

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBEL, STEVEN 5600 W. COLONIAL DRIVE, SUITE 103 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOBEL, LINDA 5600 W. COLONIAL DRIVE SUITE 103 ORLANDO, FL 32808
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01/19/05-80045-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1-5-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #