

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J89864**

1. Entity Name  
 20/20 EYECARE CENTER, P.A.



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



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

00000381055  
 01/11/06-80038-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOBEL, STEVEN
STREET ADDRESS	5600 W. COLONIAL DRIVE, SUITE 103
CITY - ST - ZIP	ORLANDO, FL 32808
TITLE	ST
NAME	SOBEL, LINDA
STREET ADDRESS	5600 W. COLONIAL DRIVE SUITE 103
CITY - ST - ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steven Sobel  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06 407 298 2020  
 Date Daytime Phone #