FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** ELORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT #
1. Corporation Name L05216 (1)SOUTH FLORIDA VISION OF PALM BEACH, INC. Mailing Address Principal Place of Business 1291 SOUTH POWERLINE ROAD 1291 SOUTH POWERLINE ROAD POMPANO REACH EL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1989 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 26 Not Applicable 65-0134752 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPPOLA, PATRICE M. 1291 S. POWERLINE RD 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. \_\_\_ DELETE \_\_ Change 1.1 TITLE TITLE COPPOLA, PATRICE 1.2 NAME NAME STREET ADDRESS 1291 S. POWERLINE RD. 1.3 STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME COPPOLA, ROBERT 2.2 NAME 1291 S. POWERLINE RD. STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST~ ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Hatur M. E. Granile ED

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(954) 977-6636

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