

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017093

Entity Name: 20/20 EYECARE PLAN, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

2900 W. CYPRESS CREEK RD
STE 4
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2900 W . CYPRESS CREEK ROAD
SUITE 4
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0821007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COPPOLA, ROBERT
2900 W. CYPRESS CREEK
STE 4
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COPPOLA, ROBERT C
Address: 2900 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: MATUS, GERALD E
Address: 11300 4 STREET NO STE 124
City-St-Zip: ST PETERSBURG, FL 33716

Title: D (X) Delete
Name: COPPOLA, PATRICE
Address: 2900 WEST CYPRESS CREEK ROAD # 4
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COPPOLA, PATRICE
Address: 190 NORTH COMPASS DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICE COPPOLA

D

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date