

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017093

Entity Name: 20/20 EYECARE PLAN, INC.

FILED
Jan 06, 2012
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:

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

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:

COPPOLA, PATRICE
2900 W. CYPRESS CREEK
STE 4
FORT LAUDERDALE, FL 33309 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: PATRICE COPPOLA

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: PATRICE COPPOLA

D

01/06/2012

Electronic Signature of Signing Officer or Director

Date