

**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

000000381055
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

Date

Daytime Phone #

1-5-06 407 298 2020