

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J89864

**FILED  
Jan 29, 2015  
Secretary of State  
CC7885588862**

**Entity Name:** 20/20 EYECARE CENTER, P.A.

**Current Principal Place of Business:**

5600 W COLONIAL DRIVE  
SUITE 103  
ORLANDO, FL 32808

**Current Mailing Address:**

5600 W COLONIAL DRIVE  
SUITE 103  
ORLANDO, FL 32808 US

**FEI Number:** 59-2844809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOBEL, STEVEN  
5600 W COLONIAL DRIVE  
SUITE 103  
ORLANDO, FL 32808 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            SOBEL, STEVEN  
Address        5600 W. COLONIAL DRIVE, SUITE 103  
City-State-Zip: ORLANDO FL 32808

Title            ST  
Name            SOBEL, LINDA  
Address        5600 W. COLONIAL DRIVE SUITE 103  
City-State-Zip: ORLANDO FL 32808

*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: STEVEN SOBEL**

**PRESIDENT**

**01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date