

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05216

**Entity Name:** 20/20 EYE CARE NETWORK, INC.**Current Principal Place of Business:**7600 CORPORATE CENTER DRIVE, #200  
MIAMI, FL 33126**Current Mailing Address:**7600 CORPORATE CENTER DRIVE, #200  
MIAMI, FL 33126 US**FEI Number:** 65-0134752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	STERN, LEE
Address	7300 CORPORATE CENTER DRIVE, #501
City-State-Zip:	MIAMI FL 33126

Title	TREASURER
Name	PLEVYAK, DAVE
Address	3333 QUALITY DRIVE
City-State-Zip:	RANCHO CORDOVA CA 95670

Title	CHAIRMAN, SECRETARY
Name	HARROLD, JASON
Address	45 BALLAS COURT
City-State-Zip:	ST. LOUIS MO 63131

Title	VP
Name	PASSUELLO, LESTER EARL
Address	3333 QUALITY DRIVE
City-State-Zip:	RANCHO CORDOVA CA 95670

*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:** LEE STERN**PRESIDENT****01/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date