

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05216

Entity Name: 20/20 EYE CARE NETWORK, INC.

Current Principal Place of Business:

2900 W. CYPRESS CREEK RD - STE. 4
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2900 W. CYPRESS CREEK RD - STE. 4
FORT LAUDERDALE, FL 33309

FEI Number: 65-0134752

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COPPOLA, PATRICE TREAS
2900 W. CYPRESS CREEK
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name COPPOLA, ROBERT
Address 190 NORTH COMPASS DRIVE
City-State-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

MEMBER

01/07/2017

Electronic Signature of Signing Officer/Director Detail

Date