

**2021 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:** No

**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	Title	D
Name	SETTEMBRINO, JEFF	Name	KUIPER, PATRICK
Address	1515 SUNSET DR STE 32	Address	1515 SUNSET DR STE 32
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143

*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:** JEFF SETTEMBRINO

**DIRECTOR**

**04/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date