

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05216

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

**Current Principal Place of Business:**

7300 CORPORATE CENTER DRIVE, #501  
MIAMI, FL 33126

**Current Mailing Address:**

7300 CORPORATE CENTER DRIVE, #501  
MIAMI, FL 33126 US

**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            PRESIDENT  
Name            STERN, LEE  
Address        7300 CORPORATE CENTER DRIVE,  
                  #501  
City-State-Zip: MIAMI FL 33126

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

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

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**

**04/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date