

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05216

Entity Name: 20/20 EYE CARE NETWORK, INC.**Current Principal Place of Business:**7600 CORPORATE CENTER DRIVE,
SUITE 200
MIAMI, FL 33126**Current Mailing Address:**7600 CORPORATE CENTER DRIVE,
SUITE 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, DIRECTOR
Name	STERN, LEE
Address	7600 CORPORATE CENTER DRIVE, SUITE 200
City-State-Zip:	MIAMI FL 33126

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

Title	DIRECTOR
Name	STELLMACHER, KEN
Address	3333 QUALITY DRIVE
City-State-Zip:	RANCHO CORDOVA CA 95670

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

Title	VP, DIRECTOR
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

01/15/2025

Electronic Signature of Signing Officer/Director Detail_____
Date