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.

DR

SIGNATURE: SIDNEY J STERN

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088052

Entity Name: FLORIDA EYECARE CORPORATION

Current Principal Place of Business:

7352 NW 34 STREET MIAMI, FL 33122

Current Mailing Address:

7352 NW 34 STREET MIAMI. FL 33122

FEI Number: 26-3435415

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

STERN, SIDNEY JDR. 7352 NW 34 ST MIAMI, FL 33122 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:

Officer/Director Detail :			
Title	Ρ	Title	S
Name	STERN, SIDNEY JDR.	Name	COPPOLA, ROBERT CDR.
Address	7352 NW 34 ST	Address	2900 WEST CYPRESS CREEK ROAD
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	FORT LAUDERDALE FL 33309

FILED Feb 22, 2017 Secretary of State CC9578479161

Date

Certificate of Status Desired: No

02/22/2017

Date