

**2014 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

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            STERN, SIDNEY JDR.  
Address        7352 NW 34 ST  
City-State-Zip: MIAMI FL 33122

Title            S  
Name            COPPOLA, ROBERT CDR.  
Address        2900 WEST CYPRESS CREEK ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** DR. SIDNEY J STERN

P

03/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date