

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111609

Entity Name: 20/20 EYECARE SERVICES, INC.

Current Principal Place of Business:

2900 W. CYPRESS CREEK RD., #4
FT. LAUDERDALE, FL 33309

Current Mailing Address:

2900 W. CYPRESS CREEK RD., #4
FT. LAUDERDALE, FL 33309

FEI Number: 26-4122889

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COPPOLA, PATRICE
190 N. COMPASS DR.
FT. LAUDERDALE, FL 33308 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
Name COPPOLA, ROBERT
Address 2900 W. CYPRESS CREEK RD., #4
City-State-Zip: FT. LAUDERDALE FL 33309

Title D
Name COPPOLA, PATRICE
Address 2900 W. CYPRESS CREEK RD., #4
City-State-Zip: FT. 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: PATRICE COPPOLA

TREASURER

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date