

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000104569

**Entity Name:** BITA EYECARE, INC.

**Current Principal Place of Business:**

301 NW 84TH AVE  
SUITE 205  
PLANTATION, FL 33324

**Current Mailing Address:**

301 NW 84TH AVE  
SUITE 205  
PLANTATION, FL 33324 US

**FEI Number:** 45-4069738

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SABRIPOUR, BITA H  
301 NW 84TH AVE  
SUITE 205  
PLANTATION, FL 33324 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:** BITA SABRIPOUR

03/03/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name SABRIPOUR, BITA  
Address 301 NW 84TH AVE  
SUITE 205  
City-State-Zip: PLANTATION FL 33324

*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:** SABRIPOUR,BITA

PST

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date