

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000104569

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

**Current Principal Place of Business:**

817 SOUTH UNIVERSITY DR.  
SUITE 100-A  
PLANTATION, FL 33324

**Current Mailing Address:**

10050 N. W. 3RD COURT  
PLANTATION, FL 33324

**FEI Number:** 45-4069738

**Certificate of Status Desired:** No

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

SABRIPOUR, BITA H  
10050 NW 3RD CT  
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

02/05/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name SABRIPOUR, BITA  
Address 10050 N. W. 3RD COURT  
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:** BITA SABRIPOUR

PRESIDENT

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date