

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017093

Entity Name: 20/20 EYECARE PLAN, INC.

Current Principal Place of Business:

2900 W. CYPRESS CREEK RD
STE 4
FORT LAUDERDALE, FL 33308

Current Mailing Address:

2900 W. CYPRESS CREEK RD
STE 4
FORT LAUDERDALE, FL 33308

FEI Number: 65-0821007

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COPPOLA, PATRICE
2900 W. CYPRESS CREEK
STE 4
FORT LAUDERDALE, FL 33309 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 C
Address 2900 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title D
Name COPPOLA, PATRICE
Address 190 NORTH COMPASS DRIVE
City-State-Zip: FORT LAUDERDALE FL 33308

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

MEMBER

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date