

**2015 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

**TREASURER**

**01/10/2015**

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

\_\_\_\_\_  
Date