FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91466 016 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (litional _
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligations of registered agent, or both, in the State of Flonda. I am familiar with, the obligation of registered agent, or both, in the State of Flonda. I am familiar with, the obligation of registered agent, or both, in the State of Flonda. I am familiar with, the obligation of registered agent, or both, in the State of Flonda. I am familiar with, the obligation of registered agent, or both, in the State of Flonda. I am familiar with, the obligation of registered agent, or both, in the State of Flonda. I am familiar with, the obligation of registered agent, or both, in the State of Flonda. I am familiar wit	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE System, hypetor primate agent. FILE NOWHI FEETS \$150.00 After May 1, 2003 Fee will be \$656.00 After May 2, 2003 Fee will be \$	-
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THEET ADDRESS 1511 N. WESTSHORE BLVD. SUITE 926 STREET ADDRESS 11Y-SI-2P TAMPA, FL 33607 CNY-SI-2IP	
2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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 in Block 10 or changed, or on an attachment with an address, with all other like empowered.	or director
SIGNATURE Domes & too is James L. Koenig 4-25-03 (813) 289-5	552

Attachment# 80097685

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002627 EYE CARE INTERNATIONAL, INC.

10. Officers & Directors (Continued) Additions

Title:

D

Name:

Yeap, Arthur

Street Address:

1511 N. Westshore Blvd., Suite 925

City, State, Zip: Ta

Tampa, FL 33607

Title:

D

Name:

Finestone, Arnold

Street Address:

1511 N. Westshore Blvd., Suite 925

City, State, Zip:

Tampa, FL 33607

Title:

D

Name:

Veligdan, Robert

Street Address:

1511 N. Westshore Blvd., Suite 925

City, State, Zip:

Tampa, FL 33607