

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89864

FILED
Jan 06, 2004
Secretary of State

Entity Name: 20/20 EYECARE CENTER, P.A.

Current Principal Place of Business:

5600 W COLONIAL DRIVE
SUITE 103
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

5600 W COLONIAL DRIVE
SUITE 103
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBEL, STEVEN
5600 W COLONIAL DRIVE
SUITE 103
ORLANDO, FL 32850 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOBEL, STEVEN
Address: 5600 W. COLONIAL DRIVE, SUITE 103
City-St-Zip: ORLANDO, FL 32808

Title: ST () Delete
Name: SOBEL, LINDA
Address: 5600 W. COLONIAL DRIVE SUITE 103
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN SOBEL

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date