2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L71986

1. Entity Name

DOCUMENT #

FAMILY VISION CENTER, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90179 028 ***150.00

Malling Activations Service (CRSS HILL BLVD) S										
2. Principal Place of Business Suite, Apt #, ric. City & State City &	6802 FOREST	HILL BLVD	6802 FOR	EST HILL BLVD	3					
Suits, Apt. 8 ctc. Suits, Apt. 8 ctc. City & State City & State A. FEI Number 65-0195283 Applied For National Control of State A. FEI Number 65-0195283 Applied For National Control of State A. FEI Number 65-0195283 Applied For National Control of State Applied For N	US		. A. C.				ă III			
City & State Country Country S. Cordinate of Statub Desired See Repotational See Repotational Repotational State Address of New Registered Agent Name FRANZBLAU, STEPHEN C. 8. The above manual and Address of Current Registered Agent City FL Zip Code City City FL Zip Code City City City FL Zip Code City C	2. Principal Pl	ace of Business	3. Mailing	Address = +at	and the state of the state of	`	Control of the second			
Zip Country Zio Country Zio Country S. Certificate of Status Desired S. \$7.5 Adminioral Representations of Current Registered Agent 7. Name and Address of New Registered Agent Representations of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Certificate Statistic Ordered 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Notice Notice Notice Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. 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, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or retire rame of the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am famili	City & State	•	City & S	State		4. F	El Number 65-0195293	<u></u>		
FRANZBIAU, STEPHEN C. 6802 FOREST HILL BLVD WEST PALM BEACH FL 33413 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered office or registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida. I am hamiliar with, and accept three obligations of registered signent, or both, in the State of Florida David Planch State of Planch State	Zip	Country	Zip		Country			Fee Req		
Street Address (P.O. Box Number's Not Acceptable) WEST PALM BEACH FL 33413 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, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS\\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check People of performance of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS\\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check People of Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NOME PRANZBLAU, STEPHEN C. SITE ADDRESS STRETA ADDRESS OTV-ST-2P TITLE STD FRANZBLAU, ALI STRETA ADDRESS OTV-ST-2P TITLE MAKE STRETA ADDRESS OTV-ST-2P OTV-ST-2P TITLE MAKE STRETA ADDRESS OTV-ST-2P OTV-		6. Name and Address of Currer	nt Registered A	gent	- Nama	7. N	lame and Address of New Registe	ered Agent		
R. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE						ss (P.O. Bo	ox Number is Not Acceptable)	1		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature										
SIGNATURE Scrutture Scrutt					City			FL Zip C	Code	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$3550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS PD			for the purpose	of changing its re	gistered office or regis	stered age	ent, or both, in the State of Florida.	I am familiar w	ith, and accept	
FILE NOW!! FEE IS\\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		Signature, broad or orinted name of anist and any	ent and life if applicat	ole. (NOTE: R	egistered Agent signature requ	uired when rei	(instating)	DATE		
Make Check Payable to Florida Department of State	Fl	ILE NOW!!! FEE IS \$150.00	\mathcal{I}							
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRANABAU, STEPHEN C. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After Make Check	:May 1, 2003 Fee will b e \$5 50.0 : Pavable to Florida Department	of State				Trust Fund Contribution.	∐ Ad	Ided to Fees	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET					11.	AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECT	ORS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD		☐ Delete	TITLE			☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1				**	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP			<u> </u>	—			<u> </u>	☐ Chan	ge	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				□ Derete			,		•	
CITY-ST-ZIP WELLINGTON FL 3 1/4 CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			14		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	377		Delete	TITLE			Chan	ge	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	300000					•		ľ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l I				i i				ļ	
NAME						- -	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ne [] Addition	
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	i I			☐ Delete					go 🗀 Abdilion	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								,	{	
NAME					CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		- 	☐ Delete	TITLE			☐ Char	nge 🗌 Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition	1						•			
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP							П О	no Dáddito	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				☐ Delete				∐ Char	ige 🗀 Addition	
CITY-ST-ZIP CITY-ST-ZIP					l i					
OHT OF EM			i							
		cartify that the information expelied y	vith this filing do	nes not qualify for the		n Section	119.07(3)(i), Florida Statutes. I furth	ner certify that i	the information	

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: