FILE NOW: FILING	FEE	<b>AFTER</b>	MAY	1ST	IS	\$550.00
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**FILED** PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jan 15 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (1) SOUTH FLORIDA VISION SERVICES, INC. Principal Place of Business Mailing Address 1291 S POWERLINE RD. 1291 S POWERLINE RD. POMPANO BCH, FL 33069 POMPANO BCH. FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2519226 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent COPPOLA, PATRICE M. SOUTH FL VISION CENTERS Street Address (P.O. Box Number is Not Acceptable) 1291 S. POWERLINE ROAD POMPANO BEACH FL 33069 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITE DELETE 1.1 TITLE Change Addition COPPOLA, ROBERT C. NAME 1.2 NAME 1291 S POWERLINE ROAD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition COPPOLA, PATRICE NAME 2.2 NAME STREET ADDRESS 1291 S POWERLINE ROAD 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAMĘ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C!TY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. 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 information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Fatur Coppe Co. EDUIRED

SIGNATURE:

CR2E034

(954)977-663

1/5/98