

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111609

Entity Name: 20/20 EYECARE SERVICES, INC.

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

2900 W. CYPRESS CREEK RD., #4  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

2900 W. CYPRESS CREEK RD., #4  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 26-4122889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COPPOLA, PATRICE  
190 N. COMPASS DR.  
FT. LAUDERDALE, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COPPOLA, ROBERT  
Address: 2900 W. CYPRESS CREEK RD., #4  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D  
Name: COPPOLA, PATRICE  
Address: 2900 W. CYPRESS CREEK RD., #4  
City-St-Zip: FT. LAUDERDALE, FL 33309

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

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01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date