2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P97000062990

Entity Name: EYE CARE SERVICES OF AMERCIA, INC.

Current Principal Place of Business:

1295 NW 14 STREET, SUITE C
MIAMI, FL 33125

New Principal Place of Business:

9980 CENTRAL PARK BLVD N.
SUITE 126
BOCA RATON, FL 33428

Current Mailing Address:

1295 NW 14 STREET, SUITE C
MIAMI, FL 33125

New Mailing Address:

800 DOUGLAS ROAD
SUITE 540
MIAMI, FL 33134

FEI Number: 65-0787154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUPERSTEIN, STANLEY H
100 S.E. 2RD STREET,
28TH FLOOR
MIAMI, FL 33131 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: STANLEY H KUPERSTEIN
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEILSON, LOUIS R
Address: 1295 NW 14 STREET STE C
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: SEGALL, MORRIS
Address: 1295 NW 14 STREET STE C
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KEILSON, LOUIS R
Address: 800 DOUGLAS ROAD
City-St-Zip: SUITE 540, FL 33134

Title: D (X) Change ( ) Addition
Name: SEGALL, MORRIS
Address: 800 DOUGLAS ROAD
City-St-Zip: SUITE 540, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MORRIS F. SEGALL MD D 10/06/2006
Electronic Signature of Signing Officer or Director Date