

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 013 ***158.75

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DOCUMENT # P98000017093		
1. Entity Name 20/20 EYECARE PLAN, INC.		

Principal Place of Business 2691 EAST OAKLAND PARK BOULEVARD SUITE 400 FORT LAUDERDALE, FL 33306	Mailing Address 2691 EAST OAKLAND PARK BOULEVARD SUITE 400 FORT LAUDERDALE, FL 33306
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2. Principal Place of Business 2900 W. Cypress Creek Road Suite, Apt. #, etc. Suite # 4 City & State Ft. Lauderdale, FL Zip 33308 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0821007	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314 200 E. GAINES ST. TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent Name Robert Coppola Street Address (P.O. Box Number is Not Acceptable) 2900 W. Cypress Creek Suite # 4 City Ft. Lauderdale FL Zip Code 33308
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 1/10/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPPOLA, ROBERT C 1205 SO POWERLINE ROAD POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATUS, GERALD E 11300 4 STREET NO STE 124 ST PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/8/06 (954) 772-2299 Daytime Phone #