

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000017093

Entity Name: 20/20 EYECARE PLAN, INC.

FILED
Sep 22, 2007
Secretary of State

Current Principal Place of Business:

2900 W. CYPRESS CREEK RD
STE 4
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

2900 W. CYPRESS CREEK ROAD
SUITE 4
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2691 EAST OAKLAND PARK BOULEVARD
SUITE 400
FORT LAUDERDALE, FL 33306

New Mailing Address:

2900 W. CYPRESS CREEK ROAD
SUITE 4
FORT LAUDERDALE, FL 33309

FEI Number: 65-0821007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPOLA, ROBERT
2900 W. CYPRESS CREEK
STE 4
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

COPPOLA, ROBERT
2900 W. CYPRESS CREEK
STE 4
FORT LAUDERDALE, FL 33309 US

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: ROBERT COPPOLA

09/22/2007

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: COPPOLA, ROBERT C
Address: 1205 SO POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: MATUS, GERALD E
Address: 11300 4 STREET NO STE 124
City-St-Zip: ST PETERSBURG, FL 33716

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COPPOLA, ROBERT C
Address: 2900 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COPPOLA, PATRICE
Address: 2900 WEST CYPRESS CREEK ROAD # 4
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT COPPOLA

D

09/22/2007

Electronic Signature of Signing Officer or Director

Date