

DOCUMENT # P98000024378

1. Entity Name

FAMILY EYE CARE CENTER INC.

Principal Place of Business	Mailing Address
691 W 64th Drive Hialeah, Fl 33012-6572	691 W 64th Drive Hialeah, Fl 33012-6572

A0045973

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
Adalberto B. Acuna 691 W. 64th Drive Hialeah, Fl 33012-6572	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	691 W. 64th Drive	
	City	Hialeah, Fl FL Zip Code 33012-6572

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Adalberto B. Acuna 691 W 64th drive Hialeah, FL 33012-6572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto B. Luna 3/27/01 305-558-8743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)