

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000111609

**Entity Name:** 20/20 EYECARE SERVICES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 26-4122889

**Certificate of Status Desired:** Yes

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

COPPOLA, PATRICE  
190 N. COMPASS DR.  
FT. LAUDERDALE, FL 33308 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title D  
Name COPPOLA, PATRICE  
Address 2900 W. CYPRESS CREEK RD., #4  
City-State-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

**PARTNER**

**01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date