

1.) CORPORATION NAME:

**The Eye Care Network, Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **F1648569**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
PARACORP INCORPORATED  
12610 LAKE NORMANDY LN  
FAIRFAX, VA 22030-7251**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 345 BAKER ST

CITY/ST/ZIP: COSTA MESA, CA 92626-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ASPASIA SHAPPET  
TITLE: CEO/PRES  
ADDRESS: 345 BAKER ST  
CITY/ST/ZIP/CO: COSTA MESA, CA 92626-

OFFICER

DIRECTOR

NAME: SYLVIA L URBANIEC  
TITLE: SECRETARY  
ADDRESS: 345 BAKER ST  
CITY/ST/ZIP/CO: COSTA MESA, CA 92626-

OFFICER

DIRECTOR

NAME: RONALD FOLTZ, MD  
TITLE: ASST SECRETARY  
ADDRESS: 1000 FOWLER WAY #2  
CITY/ST/ZIP/CO: PLACERVILLE, CA 95667-

OFFICER

DIRECTOR

NAME: DENNIS METAS  
TITLE: VICE CHAIRMAN  
ADDRESS: 302 SYCAMORE VALLEY RD  
CITY/ST/ZIP/CO: DANVILLE, CA 94526-

OFFICER

DIRECTOR

NAME: PAUL T URREA, MD  
TITLE: CHAIRMAN  
ADDRESS: 850 S ATLANTIC AVE #301  
CITY/ST/ZIP/CO: MONTEREY PARK, CA 91754-

OFFICER

DIRECTOR

NAME: CHUCK KUPFER TITLE: CFO ADDRESS: 345 BAKER ST CITY/ST/ZIP/CO: COSTA MESA, CA 92626-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT BJORKQUIST TITLE: DIRECTOR ADDRESS: 155 CHRISTOPHER DR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94131-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD Y LESSER, MD, JD TITLE: DIRECTOR ADDRESS: 2516 SAMARITAN DR STE E CITY/ST/ZIP/CO: SAN JOSE, CA 95124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE LONN, MD TITLE: DIRECTOR ADDRESS: 75 WESTSHORE RD CITY/ST/ZIP/CO: BELVEDERE, CA 94920-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH RENKEN TITLE: DIRECTOR ADDRESS: 225 SHARON RD CITY/ST/ZIP/CO: ARCADIA, CA 91007-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARTER SHRUM TITLE: DIRECTOR ADDRESS: 7701 FAY AVE CITY/ST/ZIP/CO: LA JOLLA, CA 92037-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RENNY THOMAS, SR TITLE: DIRECTOR ADDRESS: 56 SAN FERNANDO CITY/ST/ZIP/CO: RANCHO MIRAGE, CA 92270-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL TIERNAN TITLE: DIRECTOR ADDRESS: 1225 SAN CARLOS AVE CITY/ST/ZIP/CO: SAN CARLOS, CA 94070-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SYLVIA L URBANIEC	SYLVIA L URBANIEC, SECRETARY	11/23/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.