

1.) CORPORATION NAME:

The Eye Care Network, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1648569**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD FOLTZ, MD TITLE: ASST SECRETARY ADDRESS: 1000 FOWLER WAY #2 CITY/ST/ZIP/CO: PLACERVILLE, CA 95667	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS METAS TITLE: VICE CHAIRMAN ADDRESS: 302 SYCAMORE VALLEY RD CITY/ST/ZIP/CO: DANVILLE, CA 94526	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL T URREA, MD TITLE: CHAIRMAN ADDRESS: 850 S ATLANTIC AVE #301 CITY/ST/ZIP/CO: MONTEREY PARK, CA 91754	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES 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: SYLVIA L URBANIEC TITLE: SECRETARY ADDRESS: 345 BAKER ST CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BJORKQUIST DIRECTOR 155 CHRISTOPHER DR SAN FRANCISCO, CA 94131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD Y LESSER, MD, JD DIRECTOR 2516 SAMARITAN DR STE E SAN JOSE, CA 95124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE LONN, MD DIRECTOR 75 WESTSHORE RD BELVEDERE, CA 94920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH RENKEN DIRECTOR 225 SHARON RD ARCADIA, CA 91007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER SHRUM DIRECTOR 6039 CHARAE STREET SAN DIEGO, CA 92122	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENNY THOMAS, SR DIRECTOR 56 SAN FERNANDO RANCHO MIRAGE, CA 92270	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL TIERNAN DIRECTOR 1225 SAN CARLOS AVE 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SYLVIA L URBANIEC, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/30/2012 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.			