2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT POODOOLOIGS Secretary of State 04-28-2001 90002 049 ***150.00 PINNACLE EYE CENIER, IVC Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 230 S. WICKHAM RD 230 S. WICKHAM RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State W . MELBOURNE City & State 4. FFI Number Applied For 59 ± 3625013 Not Applicable W. MELBOURNE \$8.75 Additional 5. Certificate of Status Desired 32904 Fee Required 32904 BREVARD BREVARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAPDAS, REGINE 110 WINDWARD WAY INDIAN HARBOR BEACH, FL. Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ■ Addition TITLE Delete TITLE PAPPAS, REGINE NAME HALAF STREET ADDRESS 110 WINDWARD WAY STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BCH, FL CHY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME PAPPAS, COSTAS STREET ADDRESS STREET ADDRESS 110 WINDWARD WAY CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BCH, FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP noilionA 🔲 Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY+ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied with this him globs not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes. But there 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (A DIRECTOR

4/25/01 321-952-9525

4/28/01-90002-049-\$150.00-\$150.00

| PINNACLE EYE CENTER, INC. Incipal Place of Business WINDWARD WAY AN HARBOUR BEACH FL 32937 Principal Place of Business 230 S. WICKHAM RD. Sulta, Apt. #, etc. City & State W. MELBOURNE Zip Country 32904 BREVARD PAPPAS, REGINE 110 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937 The above named entity submits this statement to NATURE Signeare, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. See criteria on back) | Mailing Address P.O. 80X 37238 SATELLITE BEACH FL 32937 3. Mailing Address 230 S. W. Suite, Apt. #, etc. City & State W. MCLBC Zip 32904 1 Registered Agent | CKHAM ORNE Country Street Add City | 4. FEII 5. Certi | | WRITE IN THIS SP | ACE AN B.75 Ad Be Require | Applied For lot Applicable |
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| Tax filing requirement and elects to do so. See criteria on back) | and use II applicable. (NOTE: | Pegisterad dent signature | Prequired when reinsset | ng) | DATE | | |
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| hereby certify that the information supplied with dicated on this report or supplemental report is of the corporation or the receiver or trustee empty thanged, or on an attachment with an address that the corporation of the receiver or trustee empty than address that the corporation of the receiver of the corporation of the corporatio | this filing does not qualify for the true and accurate and that my be seen to execute this report as | ne exemption stated signature shall have required by Chapte | I in Section 119.0 e the same legal er 607, Florida Sta | 7(3)(i), Florida Statute effect as if made unde atutes; and that my na | s. I further certify the cath; that I am a sme appears in Blo | hat the Info ock 11 or | formation or director Block 12 if |