

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90109 040 ***150.00

DOCUMENT # 600902

1. Corporation Name

CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC.

Principal Place of Business

**5430 LBJ FREEWAY., STE 1540
DALLAS TX 75240**

Mailing Address

**5430 LBJ FREEWAY., STE 1540
DALLAS TX 75240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1969

4. FEI Number

59-1235805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 14800 Landmark
Suite, Apt. #, etc.

26 14800 Landmark
Suite, Apt. #, etc.

22 Suite 500
City & State

27 Suite 500
City & State

23 Dallas TX
Zip

28 Dallas, TX
Zip

24 75240 **25 USA**

29 75240 **30 USA**

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ DELETE
NAME **D'AMICO, RICHARD J**
STREET ADDRESS **5430 LBJ FREEWAY., STE 1540**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Michael Yeary**
1.3 STREET ADDRESS **14800 Landmark, Suite 500**
1.4 CITY-ST-ZIP **Dallas, Texas 75240**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Jonathan Bond**
2.3 STREET ADDRESS **14800 Landmark, Suite 500**
2.4 CITY-ST-ZIP **Dallas, Texas 75240**

3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **Karen Nicolaou**
3.3 STREET ADDRESS **5005 Riverway Dr., Suite 400**
3.4 CITY-ST-ZIP **Houston, Texas 77056**

4.1 TITLE **Asst. Secretary** ☐ Change ☒ Addition
4.2 NAME **Lane Edénburn**
4.3 STREET ADDRESS **14800 Landmark, Suite 500**
4.4 CITY-ST-ZIP **Dallas, Texas 75240**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)