

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

DOCUMENT # L40391

1. Corporation Name
PHYSICIANS' OPTICAL LAB, INC.

Principal Place of Business
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901
US

Mailing Address
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901
US

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90031 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

4. FEI Number

59-2986417

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

9. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 S. HICKORY STREET
MELBOURNE FL 32901

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BROUSSARD, WILLIAM J MD
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CORCORAN, MICHAEL F MD
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ZORBIS, ANDREW MD
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
WALDEN, JOHN W
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
PAYLOR, RALPH
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

407-727-2020

Daytime Phone #

CR2E034 (1/98)