

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90090 032 ***158.75

0076420

DOCUMENT # L40391

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2986417**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BROUSSARD, WILLIAM J MD	502 E. NEW HAVEN AVENUE	MELBOURNE FL 32901						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CORCORAN, MICHAEL F MD	502 E. NEW HAVEN AVENUE	MELBOURNE FL 32901						
	DV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ZORBIS, ANDREW MD	502 E. NEW HAVEN AVENUE	MELBOURNE FL 32901						
	DST			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PAYLOR, RALPH	502 E. NEW HAVEN AVENUE	MELBOURNE FL 32901						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. BROUSSARD

Date

Daytime Phone #

PRESIDENT 4/30/01 (321) 727-2020

CR2E034 (10/00)