

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90124 037 ***158.75

0112064 AV

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FALLACE, JAMES H
 1900 S. HICKORY STREET
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
 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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: William J. Broussard PRESIDENT 4/30/02 321-727-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)