FLORIDA
ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

95 APR 25 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89860 (5)

1. Corporation Name
BREVARD EYE CARE, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
719 E NEW HAVEN AVE MELBOURNE FL 32901 US	502 E NEW HAVEN AVE MELBOURNE FL 32901 US

3. Date Incorporated or Qualified: 07/27/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3025752 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDEN, JOHN W.
~~710 E. NEW HAVEN AVE.~~
~~SUITE 800~~
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 502 E. NEW HAVEN AVE.
83
84 City MELBOURNE FL 85 Zip Code 32901

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 N/A DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	BROUSSARD, WILLIAM J.	1.2 NAME	HO, FREDERICK K.	
STREET ADDRESS	502 E NEW HAVEN AVE	1.3 STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	P	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WALDEN, JOHN	2.2 NAME	FREEMAN, NEAL	
STREET ADDRESS	502 E NEW HAVEN AVE	2.3 STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VP	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SHUMAKE, CHRISTOPHER	3.2 NAME	MCMANUS, JAMES	
STREET ADDRESS	502 E NEW HAVEN AVE	3.3 STREET ADDRESS	719 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	C	4.1 TITLE		☐ Change ☐ Addition
NAME	PAYLOR, RALPH	4.2 NAME		
STREET ADDRESS	502 E NEW HAVEN AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CORCORAN, MIKE	5.2 NAME		
STREET ADDRESS	502 E NEW HAVEN AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/18/95 (407)951-0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN WALDEN, PRESIDENT

0088031 CP