

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89860** (5)

1. Corporation Name

BREVARD EYE CARE, P.A.



Principal Place of Business

**719 E NEW HAVEN AVE
MELBOURNE FL 32901
US**

Mailing Address

**502 E NEW HAVEN AVE
MELBOURNE FL 32901
US**

3. Date Incorporated or Qualified
07/27/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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

10. Name and Address of New Registered Agent

**WALDEN, JOHN W.
502 E. NEW HAVEN AVE.
SUITE 800
MELBOURNE FL 32901**

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	D	<input type="checkbox"/> DELETE
NAME	BROUSSARD, WILLIAM J.	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALDEN, JOHN	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHUMAKE, CHRISTOPHER	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PAYLOR, RALPH	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORCORAN, MIKE	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HO, FREDERICK K	
STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY - ST - ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (407) 951-0357

Date

Daytime Phone #

CR2E034 (12/95)