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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DOCUMENT # L898  Corporation Name  BREVARD EYE CARE, P.A.  Principal Place of Business  719 E NEW HAVEN AVE MELBOURNE FL 32901 US		(5) ailing Address 502 E NEW HAVEN A MELBOURNE FL 3280 US			3. Date Incorporated or Qualified		ate of Last I	Report
					07/27/1990		04/25/	,
Principal Place of Business		Mailing Address			4, FEI Number 59-3025752			Applied For Not Applicable
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	±				\$8.7	5 Additional
Suite, Apr. #, etc.	27	Conto, rept. in oro.			5. Certificate of Status Desired	X		Required
City & State		City & State			6. Election Campaign Financing			00 May Be
	28		T		Trust Fund Contribution  8. This corporation has liability for			ed to Fees
Zip Country 25	29	Zip	Country 30	у		imangibie s ∐No	tax unuer	5 188.002,
9 Name and Address of Cur		tered Agent	1301		10. Name and Address of New F	Registere	d Agent	
			81	Name				
WALDEN, JOHN W. 502 E. NEW HAVEN AVE.			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ble)	· · · · · · · · · · · · · · · · · · ·	
			-					
SUITE 800			63	<b>?</b>				
MELBOURNE FL 32901							loc I	Zip Code
	orida Such	h คทลทคล พลง ลิบทิกศิวัย	ad by the corr	nagged garage	ration submits this statement for the pure and of directors. Thereby accept the app	urpose of e	changing its	registered offic
Pursuant to the provisions of Sections 607.0: or registered agent, or both, in the State of F familiar with, and accept the obligations of, SIGNATURE     Signature, typed or privited name of registered a	orida, Such ection 607, gent and title if	h change was authorize  0505, Florida Statutes  poplicable (NO	es, the above- ed by the corp	nagged garage	ard of directors. Thereby accept the app	urpose of continent	changing its as registere	registered officed agent. I am
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SIGNATURE:

ATURE:

SIGNATURE AND PREFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (407) 951-0357

Daytime Phone #