FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 05 1997 8:00am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 (5)DOCUMENT # **L89860** BREVARD EYE CARE, P.A. Principal Place of Business Mailing Address 502 E NEW HAVEN AVE 719 E NEW HAVEN AVE MELBOURNE FL 32901 MELBOURNE FL 32001-5427 IJŜ 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1990 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3025752 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALDEN, JOHN W. 502 E. NEW HAVEN AVE. **B2** Street Address (P.O. Box Number is Not Acceptable) **SUITE 600** 83 MELBOURNE FL 32901 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and life if applicable DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 DVP DELETE Change Addition 1.1 TITLE TITLE BROUSSARD, WILLIAM J. NAME 12 NAME 502 E NEW HAVEN AVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 1.4 CITY - ST - ZIP CITY ST. ZIP Addition DELETE Change TITLE 2.1 TITLE WALDEN, JOHN 22 NAME NAM: 502 E NEW HAVEN AVE 2.3 STREET ADDRESS STREET ADORESS MELBOURNE FL 2. 4 CITY-ST-ZIP Crity - St - 74P DELETE Change Addition TITLE 3.1 TITLE SHUMAKE, CHRISTOPHER 3.2 NAME NAME 502 E NEW HAVEN AVE 3.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 3 4. C(TY - ST - Z)P CITY-\$1-7F DELETE Change Addition 41 TITLE TITLE PAYLOR, RALPH 4. 2 NAME NAME **502 E NEW HAVEN AVE** 4.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change Addition HILE CORCORAN, MIKE 5.2 NAME NAME **502 E NEW HAVEN AVE** 5.3 STREET ADDRESS STREET ADORESS MELBOURNE FL 5.4 CITY-ST-ZIP CHY-ST-7P DELETE Change Addition ΤĎ 6.1 TITLE TELL HO, FREDERICK K 6.2 NAME NAME 502 E. NEW HAVEN AVE. 6.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 6.4 CiTY-ST-ZIP

14. I do 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 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 trusted hypowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE:

Caty - \$1 - 7iP

FILED