

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000000379

1. Entity Name
EYE DOCS INC. OF MELBOURNE



Principal Place of Business
**502 E NEW HAVEN AVENUE
MELBOURNE, FL 32901 US**

Mailing Address
**502 E NEW HAVEN AVENUE
MELBOURNE, FL 32901 US**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3169493

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BROUSSARD, WILLIAM
502 E NEW HAVEN AVE
MELBOURNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ZORBIS, ANDREW
502 E NEW HAVEN AVE
MELBOURNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
PAYLOR, RALPH R
502 E. NEW HAVEN AVE.
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000932252
05/22/08-80047-012 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Broussard* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08 321-726-4000
Date Daytime Phone #