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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051563 (1)

EYE CENTERS OF CORAL GABLES, P.A.

Principal Place of Business

5430 LBJ FREEWAY STE 1540 DALLAS TX 75240 Mailing Address

5430 LBJ FREEWAY STE 1540 DALLAS TX 75240 FILED
Apr 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | | | | | 3. Date incorporated or Qualified 06/30/1995 | | | |
|---|---|--------------------|---|---|--|-----------------------------|------------|--|
| | ace of Business 2a. M | lailing Address | ILGT | Elve A | 4. FEI Number | | ied For | |
| 21 /09 / Suite, Apt | 1 S.W. LEJEUNE RO 26 8 | uite, Apt. #, etc. |), LEUI | - CMEN | 5. Certificate of Status Desired | \$8.75 Ad | | |
| 22 City & State | 27 | ity & State | | | | Fee Req | | |
| 23 COR | ~ ~ ~ 1 - | | ABLE | S.FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 M Added to | | |
| Zip | Country 7 | ip | Country | / | | | - 1 | |
| 24 35 / | 25 29 29 29 29 29 29 29 29 29 29 29 29 29 | 33/34 | 30 | | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes | No | |
| | RPORATION SERVICE COMPANY | Name | 10. Name and Address of New Neglistered I | Agur | | | | |
| 1201 HAYS STREET | | | | | | | | |
| TALLAHASSEE FL 32301-2525 | | | 182 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | · · | | 83 | | | | | |
| | | | 84 | City | | 85 Zip Co | ode | |
| | | | | | <u>FL</u> | | | |
| 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12, | OFFICERS AND DIRECTO | | 13. | erit alið, latóli e i ec | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS | IN 12 | |
| TITLE | Y | DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | MOORE, EMMETT E | | 1.2 NAME | | | | | |
| STREET ADDRESS | B430 LBJ FREEWAY STE 1540 | | 1.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX | | 1.4 CITY- | ST-ZIP | | | | |
| TITLE | VP | DELETÉ | 2.1 TITLE | | | Change | ∟ Addition | |
| NAME | GRUBBE, MICHEAL E | | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | 250 S. PARK AVE., #600 | | 2.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | WINTER PARK FL VPS | De ociett | 2. 4 CITY | ST-ZIP | | Change | Addition | |
| TITLE | DIAMICO DICHADO I | | 3.1 TITLE | | | Change | ☐ Addition | |
| NAME | 6430 LBJ FREEWAY STE 1540 | | 3.2 NAME | | | | | |
| STREET ADDRESS | DALLAS TX | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | VP | X DELETE | 3.4. CiTY- 4.1 TITLE | ST-ZIP | | Change | Addition | |
| NAME | OWEN, RICHARD M | Man occur | 4. 2 NAME | | | | | |
| STREET ADDRESS | 5430 LBJ FREEWAY STE 1540 | | | ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX | | 4.4 CITY- | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | P.S.T. P | ☐ Change | Addition | |
| NAME | | | 5.2 NAME | | ARAN ALBERTO J | | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | P.S.T. P ARAN, ALBERTO J 1097 S.W. LEJEUNE RO. | | | |
| CITY-ST-ZIP | | | 5.4 CITY-1 | ST-ZIP | CORAL GABLES, FL 33/3 | 4 | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-1 | | | | <u>,</u> | |
| 14. Thereby 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 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. | | | | | | | | |