

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90126 031 \*\*\*150.00

**DOCUMENT # P96000035475**

1. Corporation Name

**AMERICAN OPHTHALMIC OF TALLAHASSEE, INC.**

Principal Place of Business

**5430 LBJ FREEWAY  
SUITE 1540  
DALLAS TX 75240**

Mailing Address

**5430 LBJ FREEWAY  
SUITE 1540  
DALLAS TX 75240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1996**

4. FEI Number

**59-3373950**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

**21 14800 Landmark**

2a. Mailing Address

**26 14800 Landmark**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 500**

**27 Suite 500**

City & State

City & State

**23 Dallas TX**

**28 Dallas, TX**

Zip Country

Zip Country

**24 75240**

**25 USA**

**29 75240**

**30 USA**

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 **PSTD** ☒ DELETE

NAME **D'AMICO, RICHARD J**

STREET ADDRESS **5430 LBJ FREEWAY, SUITE 1540**

CITY-ST-ZIP **DALLAS TX 75240**

TITLE **VP** ☒ DELETE

NAME **OWEN, RICHARD M**

STREET ADDRESS **5430 LBJ FREEWAY, SUITE 1540**

CITY-ST-ZIP **DALLAS TX 75240**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Michael Yeary**

1.3 STREET ADDRESS **14800 Landmark, Suite 500**

1.4 CITY-ST-ZIP **Dallas, Texas 75240**

2.1 TITLE **Vice President** ☒ Change ☐ Addition

2.2 NAME **Jonathan Bond**

2.3 STREET ADDRESS **14800 Landmark, Suite 500**

2.4 CITY-ST-ZIP **Dallas, Texas 75240**

3.1 TITLE **Secretary** ☐ Change ☒ Addition

3.2 NAME **Karen Nicolaou**

3.3 STREET ADDRESS **5005 Riverway Dr., Suite 400**

3.4 CITY-ST-ZIP **Houston, Texas 77056**

4.1 TITLE **Asst. Secretary** ☐ Change ☒ Addition

4.2 NAME **Lane Edenburn**

4.3 STREET ADDRESS **14800 Landmark, Suite 500**

4.4 CITY-ST-ZIP **Dallas, Texas 75240**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)