2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P96000055492

Entity Name: FLORIDA EYE ASSOCIATES, INC.

Current Principal Place of Business:

502 E NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

502 E NEW HAVEN AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3401517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FALLACE, JAMES H
1900 S HICKORY ST
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BROUSSARD, WILLIAM J
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL

Title: DV ( ) Delete
Name: PAYLOR, RALPH
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL

Title: DST ( ) Delete
Name: WEISER, DAVID S
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: ZORBIS, ANDREW
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: FREEMAN, L. NEAL
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ZORBIS, ANDREW
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change ( ) Addition
Name: FREEMAN, L. NEAL
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. BROUSSARD DP 04/28/2009

Electronic Signature of Signing Officer or Director — Date