08311999-90003-050-$150.00-$150.00

AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: $750). 999.

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 PM 12:48

DOCUMENT # P98000005490

1. Corporation Name
INTERNATIONAL EYE ASSOCIATES, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 570 MEMORIAL CIRCLE<br>ORMOND BEACH FL 32174 | 550 MEMORIAL CIRCLE SUITE N<br>ORMOND BEACH FL 32174 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | |
| 21 570 MEMORIAL CIRCLE | 26 550 MEMORIAL CIRCLE | 01/20/1998 | |
| 22 Suite, Apt. #, etc. SUITE N | 27 Suite, Apt. #, etc. SUITE N | 4. FEI Number 59-3487023 | Applied For / Not Applicable |
| 23 City & State ORMOND BEACH FL | 28 City & State ORMOND BEACH, FL | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 24 Zip 32174 25 Country USA | 29 Zip 32174 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No | |

9. Name and Address of Current Registered Agent

RUBIN, MARK S M.D.
570 MEMORIAL CIRCLE 550 MEMORIAL CIRCLE SUITE N
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name MARK S. RUBIN, M.D
82 Street Address (P.O. Box Number is Not Acceptable) 550 MEMORIAL CIRCLE
83 SUITE N
84 City ORMOND BEACH FL 85 Zip Code 32174

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 MARK S RUBIN M.D. 8-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MARK S RUBIN MD<br>INTERNATIONAL EYE ASSOCIATES PA<br>570 MEMORIAL CIRCLE<br>ORMOND BEACH, FL 32174 PRESIDENT | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | MARK S RUBIN MD<br>INTERNATIONAL EYE ASSOCIATES PA<br>550 MEMORIAL CIRCLE suite N<br>ORMOND BEACH, FL 32174 PRESIDENT | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | 10/21 | ☐ Change ☐ Addition |

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.

**SIGNATURE:** SIGNATURE REQUIRED 8-20-99 (904) 673 3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

08311999-90003-050-$150.00-$150.00

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INTERNATIONAL EYE ASS
Diseases And Surgery Of T
550 Memorial Circle, Suite N
Ormond Beach, Florida 32174
tel : (904) 673-3939 fax : (904) 677-5374
e-mail : eye-docs@juno.com

Mark S. Rubin, M.D., F.A.C.S
General Ophthalmology, Adult and Pediatric


8-20-99

Dear Trevor,

Please Accept this check for 150.00 as per conversation today with my wife. Unfortunately, we have no record of receiving the initial documents, thank you for waiving the late fee. Please note the change of address. If there are any questions, please do not hesitate to contact me.

Sincerely,

Mark S. Rubin