

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90090 019 ***158.75

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DOCUMENT # P98000090613

1. Entity Name
EYE-CARE MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
502 EAST NEW HAVEN AVENUE **502 EAST NEW HAVEN AVENUE**
MELBOURNE FL 32901 **MELBOURNE FL 32901**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3545202** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DRESNER, MARK S	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROUSSARD, WILLIAM J	
STREET ADDRESS	502 E NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORCORAN, MICHAEL F	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PAYLOR, RALPH R	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZORBIS, ANDREW	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, L. NEAL	
STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, MICHAEL F.	
STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYLOR, RALPH R.	
STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, L. NEAL	
STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

William J. Broussard
 Pres.

4/30/01 321-727-2020
 Date Daytime Phone #

CR2E034 (10/00)