

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90124 044 \*\*\*158.75

**DOCUMENT # P98000090613**

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

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

Mailing Address  
**502 EAST NEW HAVEN AVENUE  
 MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3545202**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLACE, JAMES H  
 1900 SOUTH HICKORY STREET  
 MELBOURNE FL 32901**

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D DRESNER, MARK S 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BROUSSARD, WILLIAM J 502 E NEW HAVEN AVE. MELBOURNE FL 32901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORCORAN, MICHAEL F 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PAYLOR, RALPH R 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZORBIS, ANDREW 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST FREEMAN, L. NEAL 502 E. NEW HAVEN AVE. MELBOURNE FL 32901</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **PRESIDENT** 4/30/02 321-727-2020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)