

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000076926**1. Entity Name
EYELAB PARTNERS, INC.

Principal Place of Business

1686 W HIBISCUS BLVD.

MELBOURNE
32901

FL

Mailing Address

1686 W HIBISCUS BLVD.

MELBOURNE
32901

FL

2. Principal Place of Business
1800 W. HIBISCUS BLVD3. Mailing Address
665 APOLLO BLVD.Suite, Apt. #, etc.
SUITE 138

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE

FL

City & State
MELBOURNE

FL

4. FEI Number
59-3639455

Applied For

Not Applicable

Zip
32901

Country

Zip
32901

Country

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

6. Name and Address of Current Registered Agent

KANCILIA JOHN RESQ
1686 W HIBISCUS BLVD.MELBOURNE FL
32901

7. Name and Address of New Registered Agent

Name

KANCILIA JOHN RESQ

Street Address (P.O. Box Number is Not Acceptable)
1800 W. HIBISCUS BLVD.

SUITE 138

City
MELBOURNE

FL

Zip Code
32901

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)

04/27/2001

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, 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

TITLE PS ☐ Delete
NAME BEFANIS PAUL JMD
STREET ADDRESS 665 APOLLO BLVD
CITY-ST-ZIP MELBOURNE FL 32901TITLE D ☐ Delete
NAME KANCILIA JOHN RESQ
STREET ADDRESS 1686 W HIBISCUS BLVD.
CITY-ST-ZIP MELBOURNE FL 32901TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME KANCILIA JOHN RESQ
STREET ADDRESS 1800 WEST HIBISCUS BLVD. SUITE 138
CITY-ST-ZIP MELBOURNE FL 32901TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Paul-J. Befanis, M.D.

PS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)