"2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business    National Place of Business   1440 US INGWANY 1   SEBASTIMN FL 26589   SEBASTIMN FL 26589   SEBASTIMN FL 26589   SEBASTIMN FL 26589   SEBASTIMN FL 26589-3237	DOCUMENT # P9900084901  1. Entity Name  MILLENNIUM EYE CARE, INC.						Apr 19, 2000 8:00 am Secretary of State 01-25-2000 90113 029 ***150.00			
SEBASTIAN FI, 12989	Principal Place	of Business	Mailing Address							
Suffix, Apt. 8, etc.    City & State   City & State   City & State   City & State   A. FEI Number   Fei Not Not Spece   A. FEI Number   State   A. FEI	14410 US HIGHW	VAY 1	14410 US HIGHWAY 1				U V V V A V A	, V :alsi dérm lökk élára iskik édk	11.41 <b>4</b> 1 1 <b>00</b> 1	
Applied   Appl	2. Principal Place of Business		3. Mailing Address			_				
Zip Country Zip Country							DO NOT WRIT	E IN THIS SPACE		
S. Cardificate of Status Desired   \$50 Additional \$7 Addit								-9 i No	ا مارس الله والم	
Name   Name   Name   Name   Name   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try		_	_ ე <b>\$8./⊃</b> Add		
SIGNATURE Signature, gread or printed name of registered signer and title if expiritable  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See ortieria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILE NAME STREET ADDRESS 14410 US HIGHWAY 1  STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY	482 N	I, MICHAEL H ESQ. IORTH HARBOR CITY BOULEVAR		= _	Street Ac		, 	)	, <u>.</u>	
TITLE OMNNETT, RALPH B JR. STREET ADDRESS CITY-ST-2IP TITLE OMNE STREET ADDRESS CITY-ST-2IP	• SIGNATURE  9. This corpo Tax filing re	Signature, typed or printed name of registered agent wattion is eligible to satisfy its intangible equirement and elects to do so.	and life if applicable (NO FILE NOW After MAY 1, 2	TE Registers III FEE	od Agent signatu IS \$150.0 Will be \$5	ire required when i	reinx(ating)  10. Election Campaign Fin	DATE	O May Be	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information report is upplemental report is to e and accurate find that my signature shall have the same legal effect as if made under oath; that I am an officer or d of the corporation or the receiver or tructee empreyed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block property with a defeated. At all think library library that the information is a statute of the corporation of the corporat	NAME STREET ADDRESS		☐ Delete	NA Sti	me Reet address				Addition	
SIGNATURE: SIGNALURE: 1/13/00 561-664-77	İ	ene and	th this filing does not qualify is the and accurate and that wered to execute this repo and all futer its empowers	for the exit my sign in as read.	emption sta ature shall i red by Cha	ated in Sectionave the sam apter 607, Fig	n 119.07(3)(I), Florida Statutes, e legal effect as if made under orida Statutes; and that my nan	I further certify that the oath; that I am an office ne appears in Block 11 o	information or or director or Block 12 if	