2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000090401** Jan 28, 2000 8:00 am **Secretary of State** THE SOUTH FLORIDA EYECARE NETWORK, INC. 01-28-2000 90096 035 ***150.00 Mailing Address Principal Place of Business 10064 GRIFFIN ROAD 10064 GRIFFIN ROAD **COOPER CITY FL 33328-3309** COOPER CITY FL 33328 3. Mailing Address 2 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORELL, ROBERT S P.A. Street Address (P.O. Box Number is Not Acceptable) 500 N.E. 4TH STREET SUITE #100 FT. LAUDERDALE FL 33301 Zip Code FL armana marka kii balani wa 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition Delete TITLE TITLE HLIS, MARK DR. NAME NAME 10064 GRIFFIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 Addition ☐ Change TITLE ☐ Delete TITLE LLEWELLYN, DAN DR. NAME NAME 10064 GRIFFIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling 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 employed 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF APPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/L4/cor (2)4)-6

Daytime Phone #