

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90126 033 \*\*\*150.00

DOCUMENT # S04438

1. Corporation Name

AMERICAN OPHTHALMIC, INC.

Principal Place of Business

5430 LBJ FREEWAY  
SUITE 1540  
DALLAS TX 75240

Mailing Address

5430 LBJ FREEWAY  
SUITE 1540  
DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1990

4. FEI Number

59-3044086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 14800 Landmark  
Suite, Apt. #, etc.

2a. Mailing Address

26 14800 Landmark  
Suite, Apt. #, etc.

22 Suite 500  
City & State

27 Suite 500  
City & State

23 Dallas TX  
Zip

28 Dallas, TX  
Zip

Country  
24 75240 25 USA

Country  
29 75240 30 USA

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, EMMETT E	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1540	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	D'AMICO, RICHARD J	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1540	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, RICHARD M	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1540	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	GRUBBE, MICHAEL	
STREET ADDRESS	250 S. PARK AVE., #600	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Yeary	
1.3 STREET ADDRESS	14800 Landmark, Suite 500	
1.4 CITY-ST-ZIP	Dallas, Texas 75240	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jonathan Bond	
2.3 STREET ADDRESS	14800 Landmark, Suite 500	
2.4 CITY-ST-ZIP	Dallas, Texas 75240	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen Nicolaou	
3.3 STREET ADDRESS	5005 Riverway Dr., Suite 400	
3.4 CITY-ST-ZIP	Houston, Texas 77056	
4.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lane Edenburn	
4.3 STREET ADDRESS	14800 Landmark, Suite 500	
4.4 CITY-ST-ZIP	Dallas, Texas 75240	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)