

. 2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S04438**

1. Entity Name

AMERICAN OPHTHALMIC, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90322 006 ***150.00

Principal Place of Business

**14800 LANDMARK
STE 500
DALLAS TX 75240
US**

Mailing Address

**14800 LANDMARK
STE 500
DALLAS TX 75240
US**

2. Principal Place of Business

**c/o Jackson Walker Att: Pam
901 Main St.
Suite, Apt. #, etc.
6000**

3. Mailing Address

**c/o Jackson Walker Att: Pam
901 Main St.
Suite, Apt. #, etc.
6000**

City & State

Dallas, Texas

City & State

Dallas, TexasZip
75202Country
USAZip
75202Country
USA4. FEI Number **59-3044086**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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	P	<input type="checkbox"/> Delete
NAME	YEARY, MICHAEL	
STREET ADDRESS	14800 LAND MARK STE 500	
CITY - ST - ZIP	DALLAS TX 75240	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICOLAOU, KAREN	
STREET ADDRESS	5005 RIVERWAY DR STE 400	
CITY - ST - ZIP	DALLAS TX 75240	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	EDENBURN, LANE	
STREET ADDRESS	14800 LANDMARK STE 500	
CITY - ST - ZIP	HOUSTON TX 75240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Sole Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5005 Riverway Dr., Ste. 400	
CITY - ST - ZIP	Houston, Texas 77056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

Michael Yeary**4/9/01****214-953-5647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)