

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V23118 (5)
1. Corporation Name
MELBOURNE EYE ASSOCIATES OF BREVARD, INC.



Principal Place of Business Mailing Address
502 E. NEW HAVEN AVENUE 502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901 MELBOURNE FL 32901
US US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/20/1992		04/25/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3119832		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

WALDEN, JOHN
502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUSSARD, WILLIAM	1.2 NAME	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, JOHN W	2.2 NAME	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORBIS, ANDREW	3.2 NAME	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYLOR, RALPH R	4.2 NAME	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, FREDERICK K	5.2 NAME	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, L. N	6.2 NAME	
STREET ADDRESS	502 E. NEW HAVEN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____
JOHN WALDEN, President

2/29/96 (407) 951-0357

Date Daytime Phone #

CR2E034 (12/95)