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

NAME

STREET ADDRESS

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 93 APR 23 PM 1:59 **DIVISION OF CORPORATIONS** DOCUMENT # \ SECINETARY OF STATE TALLAHASSEE, FLORIDA Melbourne Eye Associates of Brevard, Inc. Principal Place of Business Mailing Address 5430 LBJ Freeway 5430 LBJ Freeway Suite 1540 Suite 1540 DO NOT WRITE IN THIS SPACE Dallas, Texas 75240 Dallas, Texas 75240 3. Date incorporated or Qualified 3/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3119832 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country -Zip Country 8. This corporation owes or has paid the current year intangible 24 25 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue Tallahassee, FL 32301 800002501848 -04/27/98--01133--83 8 City ****158.7**5: *********758:7**5 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. mn s DELETE President/Sole Director 1.1 TITLE Change Addition NAME Richard J. D'Amico 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 5430 LBJ Freeway, Ste. 1540 CITY-ST-ZIP Dallas Texas 75240 1.4 CITY-ST-ZIP TITLE DELETE Secretary Addition 2.1 TO F Change NAME Richard J. D'Amico 2.2 NAME STREET ADDRESS 5430 LBJ Freeway, Ste. 1540 2.3 STREET ADDRESS CITY-ST-ZIP Dallas, Texas 75240 2.4 CITY-ST-ZIP TITLE DELETE ■ Addition 11 TITLE Change Treasurer MALE 32 NAME Richard J. D'Amico STREET ADDRESS 5430 LBJ Freeway, Ste. 1540 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Dallas, Texas 75240 TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME **STREET ADORESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP MILE DELETE Addition S.1 TITLE Change NAME 5 2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE

62 NAME

6.3 STREET ADDRESS

8.4 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.