2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 20, 2000 8:00 am Secretary of State **DOCUMENT # V23118** MELBOURNE EYE ASSOCIATES OF BREVARD, INC. 06-20-2000 90011 018 ***550.00 Principal Place of Business Mailing Address 14800 LANDMARK 14800 LANDMARK STE 500 STE 500 DALLAS TX 75240-7013 DALLAS TX 75240 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3119832 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE TALLAHASSEE FL 32301 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. 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 11. 12. ☐ Change ☐ Addition X Delete President/Director TITLE TITLE BOND, JONATHAN NAME NAME Michael Yeary STREET ADDRESS STREET ADDRESS 14800 LANDMARK STE 500 14800 Landmark Blvd., Ste. 500 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 Dallas, TX 75240 Change ☐ Addition ☐ Delete TITLE NAME NICOLAOU, KAREN NAME STREET ADDRESS 5005 RIVERWAY DR STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ☐ Change ☐ Addition ☐ Delete TITLE TITLE EDENBURN, LANE NAME NAME STREET ADDRESS 14800 LANDMARK STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

NATION AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-00

(972) 892-7200

te Daytime Phone #