

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90109 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 600902**

1. Corporation Name  
**CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC.**

Principal Place of Business  
**5430 LBJ FREEWAY., STE 1540  
 DALLAS TX 75240**

Mailing Address  
**5430 LBJ FREEWAY., STE 1540  
 DALLAS TX 75240**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/26/1969**

4. FEI Number  
**59-1235805**

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 Country

**28 Dallas, TX**  
 Zip Country

**24 75240** **25 USA** **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>D'AMICO, RICHARD J</b>	
STREET ADDRESS	<b>5430 LBJ FREEWAY., STE 1540</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Michael Yeary</b>	
1.3 STREET ADDRESS	<b>14800 Landmark, Suite 500</b>	
1.4 CITY-ST-ZIP	<b>Dallas, Texas 75240</b>	
2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jonathan Bond</b>	
2.3 STREET ADDRESS	<b>14800 Landmark, Suite 500</b>	
2.4 CITY-ST-ZIP	<b>Dallas, Texas 75240</b>	
3.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Karen Nicolaou</b>	
3.3 STREET ADDRESS	<b>5005 Riverway Dr., Suite 400</b>	
3.4 CITY-ST-ZIP	<b>Houston, Texas 77056</b>	
4.1 TITLE	<b>Asst. Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lane Edénburn</b>	
4.3 STREET ADDRESS	<b>14800 Landmark, Suite 500</b>	
4.4 CITY-ST-ZIP	<b>Dallas, Texas 75240</b>	
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)