

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90177 049 ***150.00

DOCUMENT # 600902

1. Entity Name
CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC.

Principal Place of Business Mailing Address
14800 LANDMARK **14800 LANDMARK**
STE 500 **STE 500**
DALLAS TX 75240 **DALLAS TX 75240**

2. Principal Place of Business 3. Mailing Address
c/o Jackson Walker Att: Pam **c/o Jackson Walker Att: Pam**
901 Main St. **901 Main St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
6000 **6000**



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Dallas, Texas **Dallas, Texas** **59-1235805** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
75202 **USA** **75202** **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
NRAI SERVICES, INC. Name
526 E. PARK AVE. Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEARY, MICHAEL 14800 LANDMARK STE 500 DALLAS TX 75240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Sole Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICOLAOU, KAREN 5005 RIVERWAY DR STE 400 HOUSTON TX 77056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDENBURN, LANE 14800 LANDMARK STE 500 DALLAS TX 75240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowereds.

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)