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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

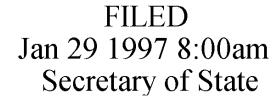
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 460170

(4)

CHILDREN'S EYE CLINIC, GIACOMO S. GUGGINO, M.D.,



Principal Place of Business Mailing Address					
Principal Place of Business 3115 SWANN AVE TAMPA FL 33609 US	Mailing Address 3115 SWANN AVE. TAMPA FL 33609-4686 US		:		7
				3. Date Incorporated or Qualified 08/26/1974 05/01/1996	leport
2. Principal Piace of Business	2a. Mailing Address				oplied For
21	26		· · · · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Additional (
City & State	City & State				May Be
23	28				may be to Fees
Zip Country	Zip	Co	ountry	8. This corporation has liability for intangible tax under s	. 199.032
24 25	29	30		Florida Statutes Yes No	
	Current Registered Agent		81 Name	10. Name and Address of New Registered Agent	
GUGGINO, GIACOMO S. MD. 3115 SWANN AVE.					····
TAMPA FL 33609			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
IAMI A FE 0000			83		
			84 City	ior I 7in	Codo
			84 City	FL 85 Zip	Code
SIGNATURE Signature, typied or printed name of region	seved agont and title if applicable (NO) RS AND DIRECTORS	ΓΕ Register 13.	red Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	20 IN 12
12. OFFICE	DELETE	_	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
NAME GUGGINO, GIACOMO S.,	****		NAME	,	
STREET ADDRESS 3115 SWANN AVE		1.3	STREET ADDRESS		
			CITY-ST-ZIP		
CITY-SY-ZIP TAMPA FL		1.5			
	DELETE	21	TITLE	Change	Addition
TILE] DELETE	21 22	NAME	Change	Addition
TITLE NAME STREET ADDRESS	DELETE	21 22 23	NAME STREET ADDRESS	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 22 23 2.4	NAME	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		21 22 23 2.4 3.1	name Street address City+St-Zip	<i>2</i>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME		21 22 23 2.4 3.1 32	NAME STREET ADDRESS CITY - ST - ZIP	<i>2</i>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	☐ DELETE	21 22 23 2.4 3.1 3.2 3.3	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS		21 22 23 2.4 3.1 32 3.3 3.4	NAME STREET ADDRESS CITY:ST-ZIP TITLE NAME STREET ADDRESS	<i>2</i>	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	21 22 23 2.4 3.1 3.2 3.3 3.4 4.1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	☐ DELETE	21 22 23 2.4 31 32 33 3.4 4.1 4.2	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 22 23 2.4 31 32 33 34 4.1 4.2 4.3	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 22 23 2.4 31 32 33 34 41 4.2 4.3	NAME STREET ADDRESS .CITY - ST - ZIP TITLE NAME STREET ADDRESS .CITY - ST - ZIP TITLE NAME STREET ADDRESS .CITY - ST - ZIP CITY - ST - ZIP	Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DELETE DELETE	21 22 23 2.4 31 32 33 34 4.1 4.2 4.3 51 52	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 'NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change	Addition Addition
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SIGNATURE:

Davime Phone #

Date

0358063