FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -1 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 481492 (7)

1. Corporation Name
CATARACT AND GLAUCOMA CENTER, ALEXANDER A. RAPPA PORT, M.D., P.A.

Principal Place of Business	Mailing Address
1609 PASADENA AVENUE SOUTH PASADENA PROFESSIONAL BLDG ST PETERSBURG FL 33707-4555	1609 PASADENA AVENUE SOUTH PASADENA PROFESSIONAL BLDG ST PETERSBURG FL 33707-4555

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1975	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1609870	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Changing Name of Business — 21
2a. Mailing Address — 26: 1615 PASADENA AVE S
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: SUITE 200
City & State — 23
City & State — 28: ST PETERSBURG, FL
Zip — 24 / Country — 25
Zip — 29: 33707 / Country — 30

9. Name and Address of Current Registered Agent

RAPPAPORT, ALEXANDER A.
1609 PASADENA AVENUE SOUTH
ST PETERSBURG FL 33707

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: _____ (New Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PSTD RAPPAPORT, ALEXANDER A. 1609 PASADENA AVE SOUTH ST PETERSBURG FL	11 TITLE ☑ Change ☐ Addition 12 NAME 13 STREET ADDRESS: 9043 BAYWOOD PARK DRIVE 14 CITY-ST-ZIP: SEMINOLE, FL 34647
	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this 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 above, or on an attachment with an address.

SIGNATURE: _____ ALEXANDER A RAPPAPORT — 813-384-2020
SIGNATURE AND TYPED OR PRINTED NAME OF REGULAR OFFICER OR DIRECTOR — Date — Daytime Phone #

0307000 CP