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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90005 012 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 536528 1. Corporation Name

Principal Place of Business

SIGNATURE:

ROWAN EYE CENTER, INC.

5305 GRAND BL		NEW PORT RICHE							
NEW PORT RICI	HET FL 34052	ALII FOR IIION	.116 04002			DO NOT V	VRITE IN THIS	SPACE	
						3. Date Incorporated or Quali	fed		
						06/01/1977			
0.00	and Business	2a. Mailing Addre				4. FEI Number		App	lied For
2. Principal Pi	ace of Business	<u> </u>	000			59-1747848	•	Not	Applicable
11		26 Suite, Apt. #,	ote			35 1141040		\$8.75 Ad	Iditional
Suite, Apt.	#, etc.	<u> </u>	eic.			5. Certifcate of Status Desire	di □.	Fee Req	
2		27				a Flatia Campaign Financia		\$5.00 N	lau Pa
City & State	e	City & State				Election Campaign Finance     Trust Fund Contribution	a 🗀	Added to	
.3		28				· · · · · · · · · · · · · · · · · · ·			
Zip	Country	Zip		ountry		8. This corporation owes the	current year II		⊐No I
24	25	29	30	<u></u>		Personal Property Tax.	· Domintoros		
	9. Name and Address of Cu	rrent Registered Agent		-		10. Name and Address of No	w Kegisterec	Agent	
		3.1		81	Name				
ROWAN, PATRICK J M.D.				82	Street Address (P.O. Box Number is Not Acceptable)				
5305 GRAND BLVD.						<u> </u>	garage of seaso	. 6+4,1 # C 1,314 m.	Asta Territor
NEW	PORT RICHEY FL 34652			83		Mariant	与国际组织	植植植红	
				Ш.				85 Zip C	31: 6(8): 353: 6da
				84	City		FI	85 Zip C	Jub
·		U007 4500 Fb 4	d- Ct-tutes the	nhovo	named corn	poration submits this statement for	the nurnose o	of changing its	egistered
					he corporation	on's board of directors. I hereby a	ccept the app	ointment as reg	istered
agent. I a	egistered agent, or both, in the of mothing the of median with, and accept the of	bligations of, Section 607.	0505, Florida Sta	atutes.					
SIGNATURE							DATE		
SIGNATORE	Signature, typed or printed name of registere				signature require	ADDITIONS/CHANGES TO		ND DIRECTO	29 IN 12
12.	OFFICER	S AND DIRECTORS	13				OFFICERS A	Change	Addition
TITLE	PD		ELETE 1.1	TITLE	ļ				
NAME	ROWAN, PATRICK		1.21	NAME	Ì				
STREET ADDRESS	5305 GRAND BLVD.		1.3	STREET	ADDRESS		•		•
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4	CITY-ST-	ZIP			<u> </u>	
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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 or an attachment with an address, with all other like empowered.