

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 28 AM 10:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 672960 (2)**

1. Corporation Name  
**DR. R. KEITH AMIEL AND DR. G. WILLIAM DOOLIN, JR  
. OPTOMETRISTS, P.A.**

Principal Place of Business      Mailing Address

**911 B MAR WALT DR  
FT WALTON BCH FL 32547**      **911 B MAR WALT DR  
FT WALTON BCH FL 32547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1980**      3a. Date of Last Report: **04/11/1994**

4. FBI Number: **59-1999940**      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. Principal Place of Business      2a. Mailing Address

21      26

22      27

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24      25      29      30

9. Name and Address of Current Registered Agent

**AMIEL, KEITH R  
911 B MAR WALT DR  
FT WALTON BEACH 32547**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **P**

NAME: **AMIEL, DR KEITH R**

STREET ADDRESS: **32 PARADISE PT ROAD**

CITY, ST, ZIP: **SHALIMAR FL**

TITLE: **ST**

NAME: **DOOLIN, WILLIAM JR**

STREET ADDRESS: **726 DALE PLACE**

CITY, ST, ZIP: **FT WALTON BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 as an attachment with an address.

SIGNATURE: *R. Keith Amiel*      **R. Keith Amiel**      Date: **4/24/95**      Telephone: **904-862-3109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR