

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000091903 (2)**

1. Corporation Name  
**VISION CARE NETWORK, INC.**



Principal Place of Business  
**217 MANATEE AVENUE EAST  
BRADENTON FL 34208**

Mailing Address  
**217 MANATEE AVENUE EAST  
BRADENTON FL 34208**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JACOBS, RICHARD O  
13577 FEATHER SOUND DRIVE  
SUITE 300  
CLEARWATER FL 34622**

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 607.002 and 607.1005, Florida Statutes, the above named corporation submits the 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 607.1005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	MOSCOSO, WALTER E MD	217 MANATEE AVE. E.	BRADENTON FL 34208	<input type="checkbox"/>
T	FRIEDBERG, MURRAY L MD	217 MANATEE AVE. E.	BRADENTON FL 34208	<input type="checkbox"/>
VP	ADLER, JONATHAN MD	217 MANATEE AVE. E.	BRADENTON FL 34208	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
	Friedberg, Murray L MD			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Adler, Jonathan MD			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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 registered agent as provided to users of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition new officer or director.

SIGNATURE:

SIGNATURE (OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*Walter E. Moscoso MD*

2/13/96

(941) 748-1818

CR2E034 (12/95)