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FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000084811 (3)

1. Corporation Name
HAMILTON EYE INSTITUTE, P.A.

Principal Place of Business
**1363 WINDWARD LN.
 NICEVILLE FL 32578**

Mailing Address
**1363 WINDWARD LN.
 NICEVILLE FL 32578**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**HAMILTON, WARREN H
 1363 WINDWARD LN.
 NICEVILLE FL 32578**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Signature typed or printed name of registered agent and title if applicable

(DATE Registered Agent Signature Expires When Retiring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	<input type="checkbox"/> DELETE	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	<input type="checkbox"/> DELETE	12 NAME	
13	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
14	<input type="checkbox"/> DELETE	14 CITY, ST, ZIP	
15	<input type="checkbox"/> DELETE	15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	<input type="checkbox"/> DELETE	16 NAME	
17	<input type="checkbox"/> DELETE	17 STREET ADDRESS	
18	<input type="checkbox"/> DELETE	18 CITY, ST, ZIP	
19	<input type="checkbox"/> DELETE	19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	<input type="checkbox"/> DELETE	20 NAME	
21	<input type="checkbox"/> DELETE	21 STREET ADDRESS	
22	<input type="checkbox"/> DELETE	22 CITY, ST, ZIP	
23	<input type="checkbox"/> DELETE	23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	<input type="checkbox"/> DELETE	24 NAME	
25	<input type="checkbox"/> DELETE	25 STREET ADDRESS	
26	<input type="checkbox"/> DELETE	26 CITY, ST, ZIP	
27	<input type="checkbox"/> DELETE	27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	<input type="checkbox"/> DELETE	28 NAME	
29	<input type="checkbox"/> DELETE	29 STREET ADDRESS	
30	<input type="checkbox"/> DELETE	30 CITY, ST, ZIP	

31	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 NAME	
32	<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 STREET ADDRESS	
33	<input type="checkbox"/> Change <input type="checkbox"/> Addition	33 CITY, ST, ZIP	
34	<input type="checkbox"/> Change <input type="checkbox"/> Addition	34 NAME	
35	<input type="checkbox"/> Change <input type="checkbox"/> Addition	35 NAME	
36	<input type="checkbox"/> Change <input type="checkbox"/> Addition	36 STREET ADDRESS	
37	<input type="checkbox"/> Change <input type="checkbox"/> Addition	37 CITY, ST, ZIP	
38	<input type="checkbox"/> Change <input type="checkbox"/> Addition	38 NAME	
39	<input type="checkbox"/> Change <input type="checkbox"/> Addition	39 NAME	
40	<input type="checkbox"/> Change <input type="checkbox"/> Addition	40 STREET ADDRESS	
41	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 CITY, ST, ZIP	
42	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME	
43	<input type="checkbox"/> Change <input type="checkbox"/> Addition	43 NAME	
44	<input type="checkbox"/> Change <input type="checkbox"/> Addition	44 STREET ADDRESS	
45	<input type="checkbox"/> Change <input type="checkbox"/> Addition	45 CITY, ST, ZIP	

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 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(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 recorder 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 on any attachment with an address.

SIGNATURE *Warren H. Hamilton* 3/11/98 (607) 892-1000

5/13/98

Please accept this check
as payment of filing fee.
I have enclosed a copy
of the report along with
a copy of the first check,
which you have never
received. If somehow
the first check should turn
up, please call me at
(800) 682-5338.

Thank you,
Darla Southard

WARREN H. HAMILTON, MD
131 REDSTONE AVENUE, SUITE 106
CRESTVIEW, FLORIDA 32539
(904) 682-5338

FIRST NATIONAL BANK
OF CRESTVIEW, FL
MEMBER FDIC

63-613/632

CHECK

2979

PAY ***150 DOLLARS AND 00 CENTS
TO THE ORDER OF

DATE

AMOUNT

03/19/98

\$\$\$150.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE FL 32302


AUTHORIZED SIGNATURE

⑆063206139⑆ 105 231 5⑈

WARREN H. HAMILTON, MD

CHECK

143 DEPARTMENT OF STATE

\$\$\$150.00 03/19/98

1998 PROFIT CORPORATION ANNUAL REPORT