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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

ADVANCED EYECARE CENTERS, P.A.

		•

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



1050 W GRANADA BLVD. STE 2 ORMOND BEACH FL 32174	1050 W Granada Blvd. Ste 2 Ormond Beach Fl 32174		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 05/31/1991		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3068710	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	29 30	untry	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes \[\] No	
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PERKINS, TERENCE R. 444 SEABREEZE BLVD		81 Name	· · · · · · · · · · · · · · · · · · ·		
SUITE 900		82 Street Addre	ess (P.O. Box Number Is Not Acceptable)		
DAYTONA BEACH FL 32118		83			
		84 City	FL	85 Zip Code	
11 Pursuant to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, the a	hove-named corns	ration submits this statement for the number of s	honging its registered	

renseance the provisions of sections bot, usure and b01, 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

i	and the state of t	and on coolidin our rouge, 1 10	noa olalates.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)	DATE	
12.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			RS IN 12
TITLE	DPT	DELETE	1.1 TITLE		Change	Addition
NAME	TITONE, CHARLES W.		1,2 NAME			
STREET ADDRESS	35 TWIN RIVERS DR		1,3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TiTLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME		_	3.2 NAME		onlings	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME		<u></u>	4. 2 NAME		Criango	Acateon
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			E I			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
NAME		scc.,c				Addition
STREET ADDRESS			5.2 NAME			
			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP			
TITLE		L DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. Thereby 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 corporatiop of the receiver of virustee empowers 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 an attachment with an address.

SIGNATURE: