

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 3: 03

DOCUMENT # P93000068034 (6)

1. Corporation Name

VISION 21 MANAGED EYE CARE OF TAMPA BAY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7209 BRYAN DAIRY RD.  
LARGO FL 34647

Mailing Address

7209 BRYAN DAIRY RD.  
LARGO FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3203060

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

7. This corporation has liability for intangible tax under s. 198.142,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

24

25

26

27

28

29

30

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

30

9. Name and Address of Current Registered Agent

GILLETTE, THEODORE N  
7209 BRYAN DAIRY RD.  
LARGO FL 34647

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0803 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (change from agent with this signature)

Signature of New Registered Agent (change from agent with this signature)

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

12.8

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

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STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13.8

NAME

STREET ADDRESS

CITY, ST, ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 198.142, Florida Statutes. I further certify that the information included in 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. I am aware of the consequences of this statement and the consequences of providing false information as required by Chapter 198, Florida Statutes, and that my name appears in Block 12, or Block 13, or both, in the corporation's annual report with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore N. Gillette

4/28/95

813-545-4300