

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0091709

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG -3 AM 10:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # J47541 (4)
 1. Corporation Name
 VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY

Principal Place of Business Mailing Address
 % THEODORE N. GILLETTE % THEODORE N. GILLETTE
 7209 BRYAN DAIRY ROAD 7209 BRYAN DAIRY ROAD
 LARGO FL 34647 LARGO FL 34647

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 33777 25 29 33777 30

3. Date Incorporated or Qualified
 12/13/1986
 4. FEI Number Applied For
 59-2749609 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
~~GILLETTE, THEODORE N.~~
~~7209 BRYAN DAIRY ROAD~~
~~LARGO FL 34647~~

10. Name and Address of New Registered Agent
 81 Name Darrell C. Smith
 82 Street Address (P.O. Box Number is Not Acceptable)
 101 East Kennedy Boulevard
 83 Suite 2800
 84 City Tampa FL 85 Zip Code 33602

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 *Darrell C. Smith* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE DP DELETE
 NAME GILLETTE, THEODORE N.
 STREET ADDRESS 7209 BRYAN DAIRY ROAD
 CITY-ST-ZIP LARGO FL 33777
 TITLE ~~CEO~~ DELETE
 NAME WELCH, RICHARD
 STREET ADDRESS 7209 BRYAN DAIRY RD
 CITY-ST-ZIP LARGO FL 33777
 TITLE ~~VP~~ DELETE
 NAME SANCHEZ, RICHARD
 STREET ADDRESS 7209 BRYAN DAIRY RD
 CITY-ST-ZIP LARGO FL 33777
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 500002608365--4
 1.4 CITY-ST-ZIP -08/05/98--01100--001
 *****150.00 *****150.00
 2.1 TITLE T/D Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE VP/S/D 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 hereby 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 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 on an attachment with an address.

SIGNATURE: *Darrell C. Smith* (813)-545-4300

CR2E034 (5/98)

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SHUMAKER, LOOP & KENDRICK, LLP

ATTORNEYS AT LAW

BARNETT PLAZA - SUITE 2800
101 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602

(813) 229-7600

FAX (813) 228-1680

MAILING ADDRESS
POST OFFICE BOX 172609
TAMPA, FLORIDA 33672-0609

WRITER'S DIRECT DIAL NUMBER:
(813) 227-2263

CHARLOTTE OFFICE

128 SOUTH TRYON STREET
SUITE 1800

CHARLOTTE, NORTH CAROLINA 28202

(704) 376-0057

FAX (704) 332-1197

TOLEDO OFFICE

NORTH COURTHOUSE SQUARE
1000 JACKSON

TOLEDO, OHIO 43624-1573

(419) 241-9000

FAX (419) 241-6894

July 22, 1998

FEDERAL EXPRESS

Florida Secretary of State
Annual Reports Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Vision Twenty-One Annual Reports

Dear Sir/Madam:

On April 16, 1998, our client's accounting department sent in the annual reports for Vision Twenty-One, Inc.; Vision Twenty-One Physician Practice Management Company; Vision 21 Managed Eye Care of Tampa Bay, Inc.; Vision 21 Management Services, Inc.; Vision 21 of Southern Arizona, Inc.; Vision 21 of Sierra Vista, Inc.; Vision Twenty-One Eye Laser Centers, Inc.; and Optometric Associates of Florida, P.A. Our client received the enclosed Second Notices. After speaking with your offices and determining that the check never cleared the bank, we have determined that the annual reports (together with the checks) were lost in the mail.

Enclosed for filing with your offices are the Annual Reports and 8 checks each in the amount of \$150.00 as the filing fee.

If you have any questions, please do not hesitate to call me.

Sincerely,

Amy W. Recchio
Amy W. Recchio
Legal Assistant

AWR/