

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

08 APR 29 AM 11:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 481767

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



Principal Place of Business Mailing Address
801 N STONE ST DELAND FL 32720 **801 N STONE ST DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt #, etc
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address
 26 **C/O William A. Boyles**
 27 **201 E. Pine Street**
 Suite, Apt #, etc
 27 **Suite 1200**
 City & State
 28 **Orlando, FL**
 Zip Country
 29 **32801** 30 **USA**

3. Date Incorporated or Qualified
08/01/1975
 4. FEI Number
59-1608929 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
 8. This corporation owns the current year Intangible Personal Property Tax Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BOYLES, WILLIAM A.
 201 E. PINE STREET
 SUITE 1200
 ORLANDO FL 32801**

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 607.0502 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

Signature, typed or printed name of registered agent, if not a director

NAME, TITLE AND ADDRESS OF REGISTERED AGENT

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	BOYLES, WILLIAM A	
STREET ADDRESS	210 E PINE STREET, SUITE 1200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VPS	[] DELETE
NAME	CHAMBERLAIN, JEAN	
STREET ADDRESS	801 N STONE STREET	
CITY-ST-ZIP	DELAND FL 32720	
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

11 TITLE	D/P	[X] Change	[] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP	V/S	[X] Change	[] Addition
15 TITLE			
16 NAME			
17 STREET ADDRESS			
18 CITY-ST-ZIP			
19 TITLE		[] Change	[] Addition
20 NAME			
21 STREET ADDRESS			
22 CITY-ST-ZIP			
23 TITLE		[] Change	[] Addition
24 NAME			
25 STREET ADDRESS			
26 CITY-ST-ZIP			
27 TITLE		[] Change	[] Addition
28 NAME			
29 STREET ADDRESS			
30 CITY-ST-ZIP			

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 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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, with all other like empowered.

SIGNATURE: *William A. Boyles*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A. Boyles, President

4-26-98 (407) 843-8880

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