

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

APR 29 AM 11:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 481767

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

Principal Place of Business

801 N STONE ST
 DELAND FL 32720

Mailing Address

801 N STONE ST
 DELAND FL 32720

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
 201 E. Pine Street

27 Suite 1200
 City & State

28 Orlando, FL
 Zip Country

29 32801 30 USA

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 corporation

(NAME, ADDRESS AND CITY, STATE AND ZIP OF CORPORATION)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DO NOT WRITE IN THIS SPACE

- 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

100002859661--6
 -05/03/99--01007--002
 ****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

0071528

CR2E034 (11/98)