## 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

## DOCUMENT # 536319

MEDICAL PARK OPTICIANS, INC.

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Principal Place of Business Mailing Address									a/a// 0/0// /0a/
. 1500 S MAGNOLIA EXTENSION 1500 S MAGNOLIA EXTENSIO						-			
SUITE 106 SUITE 106			<b>)</b> 6						
OCALA FL 32671-4497 OCALA FL 32671-4497					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	d		
						06/03/1977			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	•	Ap	plied For
21	•	26				59-1776319		No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee Re	equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	' <b>-</b>	Added	
Zip	Country	Zip	Cou	untry		8. This corporation owes the cu	rrent vear In		
24	25	29	30	•		Personal Property Tax.	none your m	Yes	□No
9. Name and Address of Current Registered Agent			[50]				ss of New Registered Agent		
	VIO 5. 19	***************************************		81	Name				
SCH	IWENK, GORDON C.								
A/11500	O S. MAGNOLIA AVE.			82	Street Addre	ss (P.O. Box Number is Not Accep	table)		
1001	TE 106					1,2,1,5,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		5110 F107 F132	2120 p. 1.172
	NLA FL 32671			83			標為語	排掛器	
. 004	ALA FL 320/ I			84	City	145 34 48 0 125 3 134 166 148 31 4 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 4 2 10 Stoll		Code
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Sta	tutes, the a	above-	named corpo	ration submits this statement for the	e purpose o	changing its	registered
Office or r	registered agent, or both, in the State c im familiar with, and accept the obligati	of Florida: Such change was	s authorized Florida Stat	d by ti	he corporation	n's board of directors. I hereby acce	ept the appo	intment as re	gistered
ov ragenta a	in lanilla, with, and accept the obligati	10113 01, 0008011 001.0000, 1	IOHGE OLEK						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NC	TE: Registered		signature required t	when reinstating)	DATE		
•	Signature, typed or printed name of registered agent			d Agent	signature required v	when reinstating)  ADDITIONS/CHANGES TO O	DATE FFICERS AI	ND DIRECTO	DRS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	d Agent	signature required v	ADDITIONS/CHANGES TO O			
<b>12.</b>	OFFICERS AND		13. 1.1 TI	d Agent	signature required v			ND DIRECTO	DRS IN 12
12. TITLE NAME	OFFICERS AND P SCHWENK, GORDON C.	D DIRECTORS	13. 1.1 TI 1.2 N	d Agent		ADDITIONS/CHANGES TO O			
12. TITLE NAME. STREET ADDRESS	P SCHWENK, GORDON C. 1500 SE MAGNOLIA AVE	D DIRECTORS	13. 1.1 TI 12 N 1.3 S	d Agent	ADDRESS	ADDITIONS/CHANGES TO O			
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90055 025 \*\*\*150.00