

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **589524** (8)

1. Corporation Name  
**NORTH FLORIDA EYE CLINIC, P.A., RONALD SINGAL, M.D., AND SHELDON SINGAL, M.D.**

Principal Place of Business      Mailing Address  
**590 DUNDAS DRIVE**      **590 DUNDAS DRIVE**  
**P.O. BOX 24406**      **P.O. BOX 24406**  
**JACKSONVILLE FL 32241-1406**      **JACKSONVILLE FL 32241-1406**

**APPROVED AND FILED**  
**55 MAR 10 PM 8:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/29/1978**      **02/02/1994**

4. FEI Number      Applied For  
**59-1849046**      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 has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

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.      25.      29.      30.

**9. Name and Address of Current Registered Agent**

**SINGAL, RONALD, M.D.**  
**590 DUNDAS DRIVE**  
**JACKSONVILLE, FL. 32218**

**10. Name and Address of New Registered Agent**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      **FL**      B5 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 and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGAL, RONALD, M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>590 DUNDAS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGAL, SHELDON M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>590 DUNDAS DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Sheldon Singal, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR - 7 1995**

**704/751-3600**  
Telephone Number