

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 18 PM 3: 12

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 P.O. BOX 24406 JACKSONVILLE FL 32241-1406

BK
3/18/96

2. Principal Place of Business 2a. Mailing Address
21 **590 Dundas Drive** 26 **590 Dundas Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. Box 24406** 27 **P.O. Box 24406**
City & State City & State
23 **Jacksonville, FL 32218** 28 **Jacksonville, FL 32218**
Zip Country Zip Country
24 25 29 30

3. Date incorporated or Qualified **09/29/1978** 3a. Date of Last Report **03/10/1995**
4. FEI Number **59-1849046** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

81 Name **Intrastate Registered Agent Corporation**
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Avenue, Suite 3000**
83
84 City **Miami** FL 85 Zip Code **33131**

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Donald W. Wallis, Vice President** *Donald W Wallis* Registered Agent (Signature required when resubmitting)

3/11/96
(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	SINGAL, RONALD, M.D.	
STREET ADDRESS	590 DUNDAS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SINGAL, SHELDON M.D.	
STREET ADDRESS	590 DUNDAS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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03/18/96-01113-020
*****200.00 ***200.00**

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 119.07(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, trustee, or assignee 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: *Ronald Singal*
RONALD SINGAL, M.D. SIGNING OFFICER OR DIRECTOR

3/7/96
904 751 3600
Date Time Phone #

CR2E034 (12/95)