

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 FEB -5 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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
590 DUNDAS DRIVE JACKSONVILLE FL 32218

Mailing Address
P.O. BOX 24406 JACKSONVILLE FL 32241-4406

3. Date Incorporated or Qualified 09/29/1978	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1849046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Country	26. Mailing Address 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country
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9. Name and Address of Current Registered Agent
**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) 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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400002078804--4
14 CITY-ST-ZIP	-02/05/97--01066--029
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	****165.00 ****165.00
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Ronald Singal* **Ronald Singal, M.D.** 1/28/97 904/751-3600

CR2E034 (9/96)

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