

**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:  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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
City & State, Suite, Apt. #, etc., Zip, Country

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: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PDT</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SINGAL, RONALD, M.D.</b> |                                 |
| STREET ADDRESS | <b>590 DUNDAS DRIVE</b>     |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>      |                                 |
| TITLE          | <b>DVS</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SINGAL, SHELDON M.D.</b> |                                 |
| STREET ADDRESS | <b>590 DUNDAS DRIVE</b>     |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>      |                                 |
| 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 | <b>400002078804--4</b>  |
| 14 CITY-ST-ZIP    | <b>-02/05/97--01066--029</b>                                      |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | <b>****165.00 ****165.00</b>                                      |
| 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)

5-97  
[Signature]