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

DOCUMENT # **597345** **(8)**

1. Corporation Name

ROBERT B. SCOTT OCULARISTS OF FLORIDA, INC.

Principal Place of Business

3500 E FLETCHER AVENUE STE 502
509
TAMPA FL 33613-4791
US

Mailing Address

111 N. WABASH AVE.
CHICAGE IL 60602
US

3. Date Incorporated or Qualified: **12/14/1978**

3a. Date of Last Report: **07/12/1995**

2. Principal Place of Business
21 **3500 E. Fletcher Avenue**
Suite, Apt. #, etc.
22 **Suite 509**
City & State
23 **Tampa, FL**
Zip / Country
24 **33613-4791** 25 **US**

2a. Mailing Address
26 **111 N. Wabash Avenue**
Suite, Apt. #, etc.
27 **Suite 1516**
City & State
28 **Chicago, IL**
Zip / Country
29 **60602** 30 **US**

4. FEI Number: **58-1345960** ☐ 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

PULLMAN, LEONARD
125 N SANDYHOOK ROAD
SARASOTA FL JL 33581

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, ROBERT B		1.2 NAME	
STREET ADDRESS	111 N WABASH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, VIVIAN A.		2.2 NAME	
STREET ADDRESS	111 N WABASH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, ROLAND B.		3.2 NAME	
STREET ADDRESS	12 N. PINE ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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: _____ Roland B. Scott 01/21/96 312-782-3558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)