FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:33

DOCUMENT # **600577** **(1)**

1. Corporation Name

ST. LUKE'S CATARACT AND LASER INSTITUTE, JAMES P . GILLS, M.D., P.A.

Principal Place of Business	Mailing Address
P O BOX 1608 TARPON SPRINGS FL 34688-0608	P O BOX 1608 TARPON SPRINGS FL 34688-0608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/19/1968**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1224512** ☐ 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

ROARK, T TRENT
43309 US HWY 19 N
TARPON SPRINGS FL 34688-2000

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 607.0502 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 date of signature) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GILLS, JAMES P.	12 NAME	
STREET ADDRESS	43309 US HIGHWAY 19 N	13 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DENNIS	22 NAME	
STREET ADDRESS	43309 US HIGHWAY 19 N	23 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	KISKADDON, BRUCE M.	32 NAME	
STREET ADDRESS	43309 US HIGHWAY 19 N	33 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 above, or on an attachment with an address.

SIGNATURE: JAMES P. GILLS 1-30-95 813-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0375812 CP