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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600577

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 43309 US HWY 19N<br>TARPON SPRINGS FL 34689<br>US | P O BOX 1608<br>TARPON SPRINGS FL 34688-8608 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/19/1968

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 34688-1608 Country 30 |

4. FEI Number: 59-1224512 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FRIEDLAND, LEW<br>43309 U.S. HIGHWAY 19 NORTH<br>TARPON SPRINGS FL 34689 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GILLS, JAMES P. | | 1.2 NAME | | |
| STREET ADDRESS | 43309 US HIGHWAY 19 N | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | DVS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILLIAMS, DENNIS | | 2.2 NAME | | |
| STREET ADDRESS | 43309 US HIGHWAY 19 N | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | DVAS | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KISKADDON, BRUCE M. | | 3.2 NAME | | |
| STREET ADDRESS | 43309 US HIGHWAY 19 N | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AUSMUS, WILLIAM | | 4.2 NAME | | |
| STREET ADDRESS | 43309 US HWY 19 N | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEUPREE, DANA | | 5.2 NAME | | |
| STREET ADDRESS | 43309 US HWY 19 N | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WOLFSON, GLENN | | 6.2 NAME | | |
| STREET ADDRESS | 43309 US HWY 19 N | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** _____ 1-25-99 727-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES P. GILLS Date Daytime Phone #