

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
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # 600651 (4)

1. Corporation Name
SARASOTA OPHTHALMOLOGY ASSOCIATES, P.A.

Principal Place of Business
1921 WALDEMERE ST.
STE. 405
SARASOTA FL 34239
US

Mailing Address
1921 WALDEMERE ST.
STE. 405
SARASOTA FL 34239-2941
US

3. Date Incorporated or Qualified
12/12/1968

3a. Date of Last Report
04/30/1996

4. FEI Number
59-1227847

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

KALISH, WILLIAM
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	BELMONT, W S	1310 HILLVIEW DR	SARASOTA, FL 00000	☐
VSD	SHEWMAKE, BOBBY J.	1516 SANDPIPER LANE	SARASOTA FL	☐
TD	HALVEY, CORNELIUS H.	1650 NORTH LODGE DR	SARASOTA, FLL	☐
SD	MONSON, THURSTON O	4000 CASEY KEY RD	NOKOMIS FL	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	3517 BAYOU LOUISE LANE	SARASOTA FL	34242	☐	☒	☐
1.2				☐	☐	☐
1.3				☐	☐	☐
1.4				☐	☐	☐
2.1				☐	☐	☐
2.2				☐	☐	☐
2.3				☐	☐	☐
2.4				☐	☐	☐
3.1				☐	☐	☐
3.2				☐	☐	☐
3.3				☐	☐	☐
3.4				☐	☐	☐
4.1				☐	☐	☐
4.2				☐	☐	☐
4.3				☐	☐	☐
4.4				☐	☐	☐
5.1				☐	☐	☐
5.2				☐	☐	☐
5.3				☐	☐	☐
5.4				☐	☐	☐
6.1				☐	☐	☐
6.2				☐	☐	☐
6.3				☐	☐	☐
6.4				☐	☐	☐

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: WILLIAM S. BELMONT ND 4/25/97 941-917-6342

CP2E034 (9/96)