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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **600842** **(9)**

1. Corporation Name

CLOWER & DEMMING, DAYTONA OPHTHALMIC SERVICES, P .A.

Principal Place of Business

1620 MASON AVE
STE A
DAYTONA BCH FL 32117
US

Mailing Address

1620 MASON AVE
STE A
DAYTONA BCH FL 32117
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 25 County

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 30 County

3. Date Incorporated or Qualified: **02/21/1969**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-1234760** — 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

DIGAETANO, MARGARET
1620 MASON AVE, STE A
DAYTONA BCH FL 32117

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 Section 607.0505, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is currently qualified to transact business in Florida. 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

TITLE	PD	☐ DIRECTOR
NAME	DIGAETANO, MARGARET	
STREET ADDRESS	1620 MASON AVE, STE A	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied within this report will meet the requirements for an electronic filing pursuant to Section 119.07(5)(a), Florida Statutes. Further certify that the information indicated on this report or supplemental 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 of this report as one of the officers or directors.

SIGNATURE: 4/15/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

0012499 CP