

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # 600902 (1)
1. Corporation Name
CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC.



Principal Place of Business Mailing Address
116 W. STURTEVANT ST.
ORLANDO FL 32806 116 W. STURTEVANT ST.
ORLANDO FL 32806

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1969		3a. Date of Last Report 03/14/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1235805		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGRUDER, G. BROCK
116 W. STURTEVANT ST.
ORLANDO FL 32806

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	MAGRUDER, G. BROCK	1.2 NAME	Mitchell G. Billing
STREET ADDRESS	116 W. STURTEVANT ST.	1.3 STREET ADDRESS	250 S. Park Ave., #600
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	S	2.1 TITLE	VP
NAME	MAGRUDER, POLLY F.	2.2 NAME	Michael E. Grubbe
STREET ADDRESS	116 W. STURTEVANT ST.	2.3 STREET ADDRESS	250 S. Park Ave., #600
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	James C. Washburn
STREET ADDRESS		3.3 STREET ADDRESS	250 S. Park Ave., #600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		4.1 TITLE	VP/Treasure
NAME		4.2 NAME	Connie G. Fraley
STREET ADDRESS		4.3 STREET ADDRESS	250 S. Park Ave., #600
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		5.1 TITLE	Secretary
NAME		5.2 NAME	Kathryn L. Sweers
STREET ADDRESS		5.3 STREET ADDRESS	250 S. Park Ave., #600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		6.1 TITLE	
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)(k), 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:

Connie G. Fraley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

Additions to Central Florida Eye Surgery Associates, Inc.

Director

Thomas R. Whatley, Jr.
250 S. Park Ave., #600
Winter Park, FL 32789

Director

Mitchell G. Billing
250 S. Park Ave., #600
Winter Park, FL 32789