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 JAN 24 PM 3:05

DOCUMENT # **602110** **(9)**

1. Corporation Name
CENTRAL FLORIDA EYE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1247 LAKELAND HILLS BLVD LAKELAND FL 33805	1247 LAKELAND HILLS BLVD LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1970
3a. Date of Last Report: 04/08/1994

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

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

4. FEI Number: 59-1293795 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

CASE, RONALD W.
1247 LAKELAND HILLS BOULEVARD
LAKELAND FL 33805

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: Ronald W Case — 1/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☒ Change ☐ Addition
NAME	HURLEY, JOYCE	1.2 NAME	Delete	
STREET ADDRESS	1830 NICARAGUA	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	RENZ, BRIAN E	2.2 NAME		
STREET ADDRESS	718 WEDGEWOOD LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	GLOTFELTY, JOHN W	3.2 NAME		
STREET ADDRESS	2233 NOTTINGHAM RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	CASE, RONALD W	4.2 NAME		
STREET ADDRESS	5525 SCOTT LAKE RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	MULANEY, JAY	5.2 NAME		
STREET ADDRESS	1142 WATERFALL LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	KULYK, TED	6.2 NAME		
STREET ADDRESS	2001 COUNTRY CLUB CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	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)(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: Ronald W Case — 1/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314060 CP