

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:08

DOCUMENT # 602392 (3)
1. Corporation Name
GAINESVILLE EYE CLINIC, P.A.

Principal Place of Business Mailing Address
6717 N.W. 11TH PLACE, SUITE A GAINESVILLE FL 32605
6717 N.W. 11TH PLACE, SUITE A GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/14/1970** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-1311791** 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 § 199(1)(2), Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
GUYTON, WILLIAM F., M.D.
6717 N.W. 11TH PLACE
GAINESVILLE FL 32601

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: _____
Signature typed or printed name of signatory (agent only) below if applicable. 26 (1) Registered Agent signature required if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD GUYTON, WILLIAM F., M.D. 6717 N.W. 11TH PLACE GAINESVILLE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD CATLIN, JEFFREY M.D. 6717 N.W. 11TH PLACE GAINESVILLE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the corporation status in § 199(1)(2), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or in an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* **2-15-95** **404-331-7811**
Signature typed or printed name of signing officer or director