

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 602392 (3)

1. Corporation Name
GAINESVILLE EYE CLINIC, P.A.



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

2. Principal Place of Business		2a. Mailing Address	
21		25	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/14/1970	02/23/1995
4. FEI Number	Applied For / Not Applicable
59-1311791	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUYTON, WILLIAM F., M.D. 6717 N.W. 11TH PLACE GAINESVILLE FL 32601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 the corporation applicable) (NOTE: Registered Agent's name is required when not signing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GUYTON, WILLIAM F., M.D.		12 NAME				
STREET ADDRESS	6717 N.W. 11TH PLACE		13 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		14 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CATLIN, JEFFREY M.D.		22 NAME				
STREET ADDRESS	6717 N.W. 11TH PLACE		23 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		24 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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, unchanged, or in an attachment with an address.

SIGNATURE: *[Signature]* 3-20-96 352 331-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #

CR2E034 (12/95)