

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 32605-4277**

3. Date Incorporated or Qualified: **09/14/1970**  
3a. Date of Last Report: **03/28/1996**  
4. FEI Number: **59-1311791**  
Applied For:  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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. 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  
85. Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **PD**  DELETE  
NAME: **GUYTON, WILLIAM F., M.D.**  
STREET ADDRESS: **6717 N.W. 11TH PLACE**  
CITY - ST - ZIP: **GAINESVILLE FL**  
TITLE: **SO**  DELETE  
NAME: **CATLIN, JEFFREY M.D.**  
STREET ADDRESS: **6717 N.W. 11TH PLACE**  
CITY - ST - ZIP: **GAINESVILLE FL**  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
2 4 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
3.3 STREET ADDRESS  
34 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* **REQUIRED** 1-23-97 352 331-7811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)