

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # 603201 (5)

1. Corporation Name

OCALA EYE SURGEONS, P.A.

Principal Place of Business

1500 SOUTH MAGNOLIA AVENUE
SUITE 106
OCALA FL 32671

Mailing Address

1500 SOUTH MAGNOLIA AVENUE
SUITE 106
OCALA FL 32671

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/05/1971

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1363248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SCHWENK, GORDON C.
1500 S. MAGNOLIA AVE. #106
OCALA FL 32671

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 of person named as registered agent (not applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	
12.1	VD JANK, MARK A. 1500 S. MAGNOLIA EXT.106 OCALA FL	☐ DELETE
12.2	PD SCHWENK, GORDON C. 1500 S. MAGNOLIA EXT.106 OCALA FL	☐ DELETE
12.3	SD DEATON, JOHN S. 1500 S. MAGNOLIA EXT 106 OCALA FL	☐ DELETE
12.4	TD WARREN, RICHARD C. 1500 S. MAGNOLIA EXT 106 OCALA FL	☐ DELETE
12.5		☐ DELETE
12.6		☐ DELETE
12.7		☐ DELETE
12.8		☐ DELETE
12.9		☐ DELETE
12.10		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY - ST - ZIP	
13.5	2.1 TITLE	☐ Change ☐ Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY - ST - ZIP	
13.9	3.1 TITLE	☐ Change ☐ Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY - ST - ZIP	
13.13	4.1 TITLE	☐ Change ☐ Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY - ST - ZIP	
13.17	5.1 TITLE	☐ Change ☐ Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY - ST - ZIP	
13.21	6.1 TITLE	☐ Change ☐ Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)