FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714355 (5)

1. Corporation Name

VISION CARE, INC.

Principal Place of Business	Mailing Address
1511 N. WESTSHORE BLVD. SUITE 1000 TAMPA FL 33607	P.O. BOX 30349 TAMPA FL 33630-3349 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1968	3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1261771	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARRETT, ALLEN L. 2002 N. LOIS AVE., SUITE 520 TAMPA FL 33607	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 1511 N. Westshore Blvd., Suite 1000 03 04 City: Tampa FL 05 Zip Code: 33607

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] Allen L. Garrett, President DATE: 2/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	1.1 TITLE		☒ Change ☐ Addition
NAME	NABERHAUS, TERRANCE W	1.2 NAME		
STREET ADDRESS	2420 S. BABCOCK ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	CD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDREWS, JAMES W	2.2 NAME		
STREET ADDRESS	5062 MOBILE HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	ZELLERS, JUDITH A	3.2 NAME		
STREET ADDRESS	4061 BONITA BEACH ROAD, #107	3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	P	4.1 TITLE		☒ Change ☐ Addition
NAME	GARRETT, ALLEN L.	4.2 NAME		
STREET ADDRESS	2002 N LOIS AVE #520	4.3 STREET ADDRESS	1511 N. Westshore Blvd. #1000	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	TD	5.1 TITLE		☒ Change ☐ Addition
NAME	RENALDO, JOHN M	5.2 NAME		
STREET ADDRESS	5200 N. FEDERAL HWY, #6	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	D	6.1 TITLE	CD	☒ Change ☐ Addition
NAME	FISHER, ALAN P	6.2 NAME		
STREET ADDRESS	2025 E. EDGEWOOD DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, FL 33803	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: [signature] Allen L. Garrett 2/21/95 813-289-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074065