

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714355

(5)

1. Corporation Name

VISION CARE, INC.



Principal Place of Business

1511 N. WESTSHORE BLVD.
SUITE 1000
TAMPA FL 33607

Mailing Address

P.O. BOX 30349
TAMPA FL 33630-3349
US

3. Date Incorporated or Qualified
03/29/1968

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARRETT, ALLEN L.
1511 N. WESTSHORE BLVD., SUITE 1000
TAMPA FL 33607

81 Name

Perna, Luis M.

82

Street Address (P.O. Box Number is Not Acceptable)

1511 N. Westshore Blvd., Suite 1000

83

84

City
Tampa

FL

85 Zip Code
33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 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 617.0509, Florida Statutes.

SIGNATURE

Luis M. Perna, President

4/16/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVC ☐ DELETE
NAME NABERHAUS, TERRANCE W
STREET ADDRESS 2420 S. BABCOCK ST.
CITY - ST - ZIP MELBOURNE FL

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE CD ☐ DELETE
NAME ANDREWS, JAMES W
STREET ADDRESS 5062 MOBILE HWY
CITY - ST - ZIP PENSACOLA FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD ☒ DELETE
NAME ZELLERS, JUDITH A
STREET ADDRESS 4061 BONITA BEACH ROAD, #107
CITY - ST - ZIP BONITA SPRINGS FL

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Landreth, Landrum R.
3.3 STREET ADDRESS 2303 Bourgogne Drive
3.4 CITY - ST - ZIP Tallahassee, FL 32308

TITLE P ☒ DELETE
NAME GARRETT, ALLEN L.
STREET ADDRESS 1511 N. WESTSHORE BLVD. #1000
CITY - ST - ZIP TAMPA FL

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME Perna, Luis M.
4.3 STREET ADDRESS 1511 N. Westshore Blvd. #1000
4.4 CITY - ST - ZIP Tampa, FL 33607

TITLE TD ☐ DELETE
NAME RENALDO, JOHN M
STREET ADDRESS 5200 N. FEDERAL HWY, #6
CITY - ST - ZIP FT. LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE CD ☐ DELETE
NAME FISHER, ALAN P
STREET ADDRESS 2025 E. EDGEWOOD DRIVE
CITY - ST - ZIP LAKELAND FL

6.1 TITLE DVC ☒ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Luis M. Perna, President 4/16/96

(813) 289-2020

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)