

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 # 745715 (3)

1. Corporation Name

UNITED VISION CARE PLAN, INC.



Principal Place of Business

Mailing Address

1720 S. GADSDEN STREET
P O BOX 1878
TALLAHASSEE FL 32302-8878

1720 S. GADSDEN STREET
P O BOX 1878
TALLAHASSEE FL 32302-8878

3. Date Incorporated or Qualified
01/25/1979

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1892012

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

FRINGE BENEFITS MANAGEMENT CO.
1720 S. GADSDEN ST.
TALLAHASSEE FL 32301

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 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 617.0503, Florida Statutes.

SIGNATURE

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 PD
NAME LEVITT, ALAN P
STREET ADDRESS 1031 IVES DAIRY RD., STE 133
CITY-ST-ZIP NORTH MIAMI BEACH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME BYER, DANIEL
STREET ADDRESS 7480 FAIRWAY DR., #105
CITY-ST-ZIP MIAMI LAKES FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME DONALD, ALBERT
STREET ADDRESS 8815 SW 107TH AVE
CITY-ST-ZIP MIAMI FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME BERGMAN, FREDERICK
STREET ADDRESS 2134 NE 123RD ST
CITY-ST-ZIP N MIAMI FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME PINTZOW, WILLIAM
STREET ADDRESS 14317 S. DIXIE HWY
CITY-ST-ZIP MIAMI FL

DELETE

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

Change Addition

TITLE D
NAME CLARIN, BRUCE
STREET ADDRESS 14317 S. DIXIE HWY
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)