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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1892012

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Alan P. Levitt

(NOTE: Registered Agent signature required when reinstating)

DATE

3/09/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Stephen Morris, ad**
2.3 STREET ADDRESS **8420 Coral Way**
2.4 CITY-ST-ZIP **Miami, FL 33155**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan P. Levitt*

Alan P. Levitt

Alan P. Levitt

3/10/98

303-64-6832

CR2E037 (10/97)