## **FILE NOW: FILING FEE IS \$61.25**

## NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

768676

(9)

## OPHTHALMIC MICROSURGERY STUDY GROUP, INC.

Principal Place of Business		Malling Address			T I MADISE SANDA BLIDE DONIN DONIN LORDIN ESTIN BEDIN DIC	III BIBIA BIBIT BIBIT BIBIT IBBI
1013 SW 2ND AVENUE GAINESVILLE FL 32601		1013 SW 2ND AVENUE Gainesville FL 32601			3. Date Incorporated or Qualified 05/31/1983	,
					4. FEI Number 59-2324226	Applied For Not Applicable
2. Principal Pi	lace of Business	2a. Mailing Address				\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22 2 2 2 City & State		City & State	City & State		Trust Fund Contribution	Added to Fees
<b>├-</b> ¬		28		7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	7	8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30			Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name						
DOLACK	PRANK M M D			1		
POLACK, FRANK M., M.D. 1013 SW 2ND AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	, ,
	VILLE FL 32601		83	<del> </del>		
			84	City		85 Zip Code
				,	F <u>L</u>	. 1 1 1
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.						
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 it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	WILLARD, DONALD E, JR, MD		1.2 NAME			
STREET ADDRESS	R.D. #1, BOX 234		1.3 STREE	I .		
CITY-ST-ZIP	PHILLIPSBURG NJ VD	DELETÉ	1.4 CITY- :	ST-ZIP		Change Addition
TITLE NAME	POLACK, FRANK M., M.D.	U DECEIE	2.1 TITLE 2.2 NAME	}		Clearage C Addition
STREET ADORESS	1013 SW 2ND AVENUE		2.3 STREET	ADDRESS		
DITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-	, i		1
TITLE	STD	DELETE	3.1 TITLE	-		☐ Change ☐ Addition
NAME	MCNIECE, MARIA T.		3.2 NAME			
STREET ADDRESS	1013 S.W. 2ND AVENUE		3.3 STREE	ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-	ST-ZIP		
TIFLE		DELETE	4.1 TITLE	1		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS		- 1	4.3 STREE			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 GITY-3 5.1 TITLE	21-ZIP		Change Addition
NAME		1	5.2 NAME	1		
STREET ADDRESS		1	5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5			'
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	Ţ		
STREET ADDRESS		•	6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 5	ST-ZIP		

4. Thereby 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 this report 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 lin attachment with an address.

SIGNATURE:

Jessey

Date

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**FILED** 

Mar 24 1998 8:00am

Secretary of State

CR2E037 (10/97)