FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JUN -1 AM 9:41

DOCUMENT # **F75363** **(4)**

1. Corporation Name
FAMILY EYE CARE, P.A.

Principal Place of Business	Mailing Address
% GARY M AKEL, O.D. 1840 DUNN AVENUE JACKSONVILLE FL 32218	% GARY M AKEL, O.D. 1840 DUNN AVENUE JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business	2a. Mailing Address
21 % BRUCE M CAPERTON O.D	26 % BRUCE M. CAPERTON O.D
Suite, Apt. #, etc 22 1840 DUNN AVENUE	Suite, Apt. #, etc 27 1840 DUNN AVENUE
City & State 23 JACKSONVILLE, FLORIDA	City & State 28 JACKSONVILLE, FLORIDA
Zip / Country 24 32218 / 25 DUVAL	Zip / Country 29 32218 / 30 DUVAL

4. FEI Number: 59-2207509 ☐ 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
AKEL, DANIEL D ESQUIRE 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202	81 Name: CAPERTON, BRUCE M. 82 Street Address (P.O. Box Number is Not Acceptable): 1840 DUNN AVE 83 84 City: JACKSONVILLE FL 85 Zip Code: 32218

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: Bruce M Caperton — BRUCE M CAPERTON — 5-26-95
(Signature, typed or printed name of registered agent, and the date of signature) (NOTE: Registered Agent signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	AKEL, GARY M.	12 NAME	CAPERTON, BRUCE M.	
STREET ADDRESS	1840 DUNN AVE	13 STREET ADDRESS	1840 DUNN AVE	
CITY, ST, ZIP	JACKSONVILLE FL	14 CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	WATTS, JAMES W.	22 NAME		
STREET ADDRESS	1840 DUNN AVE.	23 STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL	24 CITY, ST, ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY, ST, ZIP		34 CITY, ST, ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY, ST, ZIP		44 CITY, ST, ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY, ST, ZIP		54 CITY, ST, ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY, ST, ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce M Caperton — President — BRUCE M CAPERTON — 5-26-95 — (904) 751-4483
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0023217 CP