FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

(4)

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

P	OCUMENT #	F75363
	FAMILY EYE CARE,	P.A.

Principal Place of Business N BRUCE M CAPERTON O D 1840 DUNN AVE JACKSONVILLE FL 32218

% BRUCE M CAPERTON O D 1840 DUNN AVE JACKSONVILLE FL 32218-4712

Mailing Address

3. Date incorporated or Qualified 3a. Date of Last Report 04/01/1982 02/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2207509 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No Zip Country Zip 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CAPERTON, BRUCE M 1840 DUNN AVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 84 City Zip Code 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or ported name of registered agent and offe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change 1.1 TITLE TIME CAPERTON, BRUCE NAME 1.2 NAME 1840 DUNN AVE STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY - ST - 7/P DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY: ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAMÉ STREET ADDRESS 3.3 STREET ADDRESS City - S1 - ZiP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIFLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZP 4.4 CITY - ST - ZIP DELETE Change Addition THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do nereby certly 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I arm 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

BRUCE M. CAPERTON

904 751-4483