

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

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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004372 (7)

1. Corporation Name
APOLLO EYE ASSOCIATES, INC.

Principal Place of Business
2424 N. FEDERAL HWY. STE 362
BOCA RATON FL 33431

Mailing Address
2424 N. FEDERAL HWY. STE 362
BOCA RATON FL 33431-7749



3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0601046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DILLON, KATHRYN
2424 N. FEDERAL HWY, STE 362
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MCCARLEY, RONALD E	
STREET ADDRESS	2424 N FEDERAL HIGHWAY SUITE #362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCKINLEY, REBECCA	
STREET ADDRESS	2424 N FEDERAL HIGHWAY SUITE 362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COOK M.D., JAMES R	
STREET ADDRESS	2424 N. FEDERAL HWY, STE 362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOLINARO JR, PETER	
STREET ADDRESS	2424 N. FEDERAL HWY, STE 362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MANOPOLI, VINCENT C	
STREET ADDRESS	2424 N. FEDERAL HWY, STE 362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRELAZ, JOHN C	
STREET ADDRESS	2424 N FEDERAL HIGHWAY SUITE 362	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mckinley, Rebecca
23 STREET ADDRESS	2424 N. Federal Highway, Suite 362
24 CITY-ST-ZIP	Boca Raton FL 33431-7749
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Molinaro Jr, Peter J.
43 STREET ADDRESS	2424 N. Federal Hwy, Ste 362
44 CITY-ST-ZIP	Boca Raton, FL 33431-7749
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Dannon, J Richard Jr
53 STREET ADDRESS	2424 N. Federal Hwy Ste 362
54 CITY-ST-ZIP	Boca Raton FL 33431-7749
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham, Jr. 4-30-97 561-395-5402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)