FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **F95000005194 (4)**

1. Corporation Name

AMERICAN OPHTHALMIC OF ALABAMA, INC.

Principal Place of Business
250 SOUTH PARK AVENUE. SUITE 600
WINTER PARK FL 32789

Mailing Address
250 SOUTH PARK AVENUE. SUITE 600
WINTER PARK FL 32789

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City, State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City, State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report

4. FEI Number: 59-3193414 — 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0505 and 607.0508, 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	DV ☐ DELETE
NAME	BILLING, MITHCELL B
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600
CITY, ST, ZIP	WINTER PARK FL 32789
TITLE	DVS ☐ DELETE
NAME	WHATLEY, THOMAS R JR.
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600
CITY, ST, ZIP	WINTER PARK FL 32789
TITLE	P ☐ DELETE
NAME	GRUBBE, MICHAEL E
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600
CITY, ST, ZIP	WINTER PARK FL 32789
TITLE	V ☐ DELETE
NAME	MAGRUDER, J. BAILEY
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600
CITY, ST, ZIP	WINTER PARK FL 32789
TITLE	VT ☐ DELETE
NAME	FRALEY, CONNIE G
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600
CITY, ST, ZIP	WINTER PARK FL 32789
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D ☐ Change ☒ Addition
12 NAME	Thomas R. Whatley, Jr.
13 STREET ADDRESS	250 S. Park Ave., #600
14 CITY, ST, ZIP	Winter Park, FL 32789
21 TITLE	D ☐ Change ☒ Addition
22 NAME	Mitchell G. Billing
23 STREET ADDRESS	250 S. Park Ave., #600
24 CITY, ST, ZIP	Winter Park, FL 32789
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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14. I 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)(k), Florida Statutes. I further certify that the information contained in 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 is added in addition thereto with an address.

SIGNATURE: Connie G. Fraley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
DATE

407 647 5200
DAYTIME TELEPHONE #