

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

FILED

May 01 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 # 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 32789-4388



3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

02/27/1996

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

2. Principal Place of Business

21 5430 LBJ FREEWAY

2a. Mailing Address

26 5430 LBJ FREEWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 1540

27 STE 1540

City & State

City & State

23 DALLAS, TX

28 DALLAS, TX

Zip Country

Zip Country

24 75240 25 USA

29 75240 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

NRAI SERVICES INC

82 Street Address (P.O. Box Number is Not Acceptable)

83 526 E PARKWAY

City

TALLAHASSEE

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly  
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME BILLING, MITCHELL B  
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600  
CITY-ST-ZIP WINTER PARK FL 32789

1.1 TITLE PRESIDENT/ SOLE DIRECTOR ☐ Change ☒ Addition  
1.2 NAME EMMETT E. MOORE  
1.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540  
1.4 CITY-ST-ZIP DALLAS, TX 75240

TITLE D ☒ DELETE  
NAME WHATLEY, THOMAS R. JR.  
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600  
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE VICE PRESIDENT/ SECRETARY ☐ Change ☒ Addition  
2.2 NAME RICHARD J. DAMICO  
2.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540  
2.4 CITY-ST-ZIP DALLAS, TX 75240

TITLE P ☐ DELETE  
NAME GRUBBE, MICHAEL E  
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600  
CITY-ST-ZIP WINTER PARK FL 32789

3.1 TITLE TREASURER ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME MAGRUDER, J. BAILEY  
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600  
CITY-ST-ZIP WINTER PARK FL 32789

4.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
4.2 NAME RICHARD M. OWEN  
4.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540  
4.4 CITY-ST-ZIP DALLAS, TX 75240

TITLE VT ☐ DELETE  
NAME FRALEY, CONNIE G  
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600  
CITY-ST-ZIP WINTER PARK FL 32789

5.1 TITLE VICE PRESIDENT OF OPERATIONS ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME BILLING, MITCHELL G  
STREET ADDRESS 250 S. PARK AVE. #600  
CITY-ST-ZIP WINTER PARK FL 32789

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME 800002162928  
6.3 STREET ADDRESS -05/02/97--01044--001  
6.4 CITY-ST-ZIP \*\*\*165.00

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:

SIGNATURE REQUIRED

Date

Daytime Phone

CR2E034 (9/96)

922 982-8264