


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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005194 (4)**

1. Corporation Name

**AMERICAN OPHTHALMIC OF ALABAMA, INC.**



Principal Place of Business

**5430 LBJ FREEWAY  
SUITE 1540  
DALLAS TX 75420**

Mailing Address

**5430 LBJ FREEWAY  
SUITE 1540  
DALLAS TX 75420**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/06/1995**

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	Country
24	Country	29	Zip
25	Country	30	Country

4. FEI Number

**59-3193414**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, EMMETT E		1.2 NAME	
STREET ADDRESS	5430 LBJ FREEWAY SUITE 1540		1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240		1.4 CITY-ST-ZIP	
TITLE	VP S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMICO, RICHARD J		2.2 NAME	
STREET ADDRESS	5430 LBJ FREEWAY SUITE 1540		2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBE, MICHAEL E		3.2 NAME	
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		3.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, RICHARD M		4.2 NAME	
STREET ADDRESS	5430 LBJ FREEWAY SUITE 1540		4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240		4.4 CITY-ST-ZIP	
TITLE	VPO	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEY, CONNIE G		5.2 NAME	
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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]*

1.12.98 (977) 987-8714

CR2E034 (10/97)