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May 12 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 # F96000000597 (2)

1. Corporation Name

APOLLO EYE CARE MANAGEMENT CORP.



Principal Place of Business

2424 NORTH FEDERAL HWY., STE 362
BOCA RATON FL 33431

Mailing Address

2424 NORTH FEDERAL HWY., STE 362
BOCA RATON FL 33431-7749

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

APPLIED FOR

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

MANAPOLI, VINCENT C
2424 NORTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME MOLINARO JR, PETER
STREET ADDRESS 2424 NORTH FEDERAL HWY., STE 362
CITY- ST- ZIP BOCA RATON FL

TITLE PTD ☒ DELETE

NAME MANAPOLI, VINCENT C
STREET ADDRESS 2424 NORTH FEDERAL HWY., STE 362
CITY- ST- ZIP BOCA RATON FL

TITLE D ☒ DELETE

NAME MCCARLEY, RONALD E
STREET ADDRESS 2424 NORTH FEDERAL HWY., STE 362
CITY- ST- ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVS ☒ Change ☐ Addition

1.2 NAME Molinaro, Peter J. Jr.
1.3 STREET ADDRESS 2424 N. Federal Hwy, Ste 362
1.4 CITY- ST- ZIP Boca Raton FL 33431-7749

2.1 TITLE DC ☐ Change ☒ Addition

2.2 NAME James R. Cook MD
2.3 STREET ADDRESS 2424 N. Federal Hwy Ste 362
2.4 CITY- ST- ZIP Boca Raton FL 33431-7749

3.1 TITLE DT ☐ Change ☒ Addition

3.2 NAME J. Richard Dammann, Jr.
3.3 STREET ADDRESS 2424 N Federal Hwy, Ste 362
3.4 CITY- ST- ZIP Boca Raton FL 33431-7749

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME John Prelaz
4.3 STREET ADDRESS 2424 N. Federal Hwy, Ste 362
4.4 CITY- ST- ZIP Boca Raton FL 33431-7749

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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***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:

J.R. Dammann, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

561-395-5402

Daytime Phone #

CR2E034 (9/96)