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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000002153 (1)**

1. Corporation Name
VISION BENEFITS OF AMERICA, INC.

Principal Place of Business	Mailing Address
300 WEYMAN RD WEYMAN PLAZA, SUITE 400 PITTSBURGH PA 15236	300 WEYMAN RD WEYMAN PLAZA, SUITE 400 PITTSBURGH PA 15236

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/23/1997

4. FEI Number: 23-2877974 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE, SUITE 216
FT LAUDERDALE FL 33316

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: The Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	GISSIN, MICHAEL S		12 NAME	Edward W. Ross	
STREET ADDRESS	300 WEYMAN PLAZA		13 STREET ADDRESS	300 Weyman Plaza	
CITY-ST-ZIP	PITTSBURGH PA 15236		14 CITY-ST-ZIP	Pittsburgh PA 15236	
TITLE	T	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	PHILLIPS, DONALD G		22 NAME	George D Weaver OD	
STREET ADDRESS	300 WEYMAN PLAZA		23 STREET ADDRESS	300 Weyman Plaza	
CITY-ST-ZIP	PITTSBURGH PA 15236		24 CITY-ST-ZIP	Pittsburgh PA 15236	
TITLE	S	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	SHAFFER, DIANNE D		32 NAME	Michael A Weiss	
STREET ADDRESS	300 WEYMAN PLAZA		33 STREET ADDRESS	300 Weyman Plaza	
CITY-ST-ZIP	PITTSBURGH PA 15236		34 CITY-ST-ZIP	Pittsburgh PA 15236	
TITLE	D	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	CAREY, WILLIAM J		42 NAME	Claudia J Wendel OD	
STREET ADDRESS	300 WEYMAN PLAZA		43 STREET ADDRESS	300 Weyman Plaza	
CITY-ST-ZIP	PITTSBURGH PA 15236		44 CITY-ST-ZIP	Pittsburgh PA 15236	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	JONES, DAVID J MD		52 NAME		
STREET ADDRESS	300 WEYMAN PLAZA		53 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15236		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MAY, BRUCE M OD		62 NAME		
STREET ADDRESS	300 WEYMAN PLAZA		63 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15236		64 CITY-ST-ZIP		

CR2E034 (10/97)

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: Donald G Phillips 01/15/98 412 881-4900