

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002153

1. Corporation Name

VISION BENEFITS OF AMERICA, INC.

Principal Place of Business

**300 WEYMAN RD
WEYMAN PLAZA, SUITE 400
PITTSBURGH PA 15236**

Mailing Address

**300 WEYMAN RD
WEYMAN PLAZA, SUITE 400
PITTSBURGH PA 15236**

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90117 050 ***150.00



DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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	PD	<input type="checkbox"/> DELETE
NAME	GISSIN, MICHAEL S	
STREET ADDRESS	300 WEYMAN PLAZA	
CITY-ST-ZIP	PITTSBURGH PA 15236	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DONALD G	
STREET ADDRESS	300 WEYMAN PLAZA	
CITY-ST-ZIP	PITTSBURGH PA 15236	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAFFER, DIANNE D	
STREET ADDRESS	300 WEYMAN PLAZA	
CITY-ST-ZIP	PITTSBURGH PA 15236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, EDWARD W	
STREET ADDRESS	300 WEYMAN PLAZA	
CITY-ST-ZIP	PITTSBURGH PA 15236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DAVID J MD	
STREET ADDRESS	300 WEYMAN PLAZA	
CITY-ST-ZIP	PITTSBURGH PA 15236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, BRUCE M OD	
STREET ADDRESS	300 WEYMAN PLAZA	
CITY-ST-ZIP	PITTSBURGH PA 15236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George D. Weaver, O.D.	
1.3 STREET ADDRESS	300 Weyman Plaza	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15236	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael A. Weiss, Esq.	
2.3 STREET ADDRESS	58th Floor, USX Tower, 600 Grant Street	
2.4 CITY-ST-ZIP	Pittsburgh, PA 15219	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Claudia J. Wendel, O.D.	
3.3 STREET ADDRESS	808 Broadway	
3.4 CITY-ST-ZIP	McKees Rocks, PA 15136	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Dianne D. Shaffer* **SIGNATURE REQUIRED** Dianne D. Shaffer

04/15/99 (412) 881-4900

Date

Daytime Phone #

CR2E034 (1/98)