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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

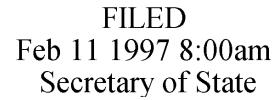
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G50684

(1)

VISION CARE OF FT. MYERS, INC.



Principal Place of Business Mailing Address 3547 CLEVELAND AVENUE 3547 CLEVELAND AVENUE FT. NYERS FL 33901 FT. MYERS FL 33901-7903								
					3. Date Incorporated or Qualified 07/20/1983	3a. Date of Las 08/09/199		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number 59-2304840		Applied For Not Applicable	
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	5 Additional Regulred	
City & State	е	City & State			6. Election Campaign Financing	\$5.	00 May Be	
23	# 15 CO	28			Trust Fund Contribution	Add Add	led to Fees	
Zip 24			Counte 30	у	Florida Statutes			
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent		
	NETT, BETTIE G					·		
3547 CLEVELAND AVE FT MYERS FL 33901			8:	2 Street Ad	dress (P.O. Box Number is Not Acceptat	dress (P.O. Box Number is Not Acceptable)		
FI.W	HILLIO I E ODONI		8	3				
			8-	4 City		FL 85 2	Zip Code	
12. THE NAME STREET ADDRESS CHY-ST-7IP	OFFICERS AND PS BENNETT, LORAN A. 3547 CLEVELAND AVE FT MYERS, FL 00000		13. 1.1 TITLE 1.2 NAME	ET ADDRESS	quired when reinstaling) ADDITIONS/CHANGES TO OFFICE	OATE CERS AND DIRECT		
TITLE NAME STREET ADDRESS	VT BENNETT, BETTIE G. 3547 CLEVELAND AVE	DELETE	2.1 TITLE 2.2 NAME 2.3 STRE	ET ADDRESS	V S	Chan	nge Addition	
CHY-ST-ZIP TITLE	FT MYERS, FL 00000	DELETE	2.4 CITY 31 TITLE			[Chan	nge Addition	
NAME STREET ADDRESS CHY-ST-ZIP	BENNETT, RICHARD A. 3547 CLEVELAND AVENUE FT MYERS FL	ET PERT	3.2 NAM	ET ADDRESS	refired	Lie Chan	An first venture	
TITLE	<u> </u>	DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chan	nge 🔲 Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS				et address				
CITY - S1 - ZIP		DELETE	4.4 CITY			Chan	nge Addition	
THLE NAME STREET ADDRESS			5.1 TITLE 5.2 NAMI			L.J CHAR	ige TT Montlon	
CITY-ST-ZIP			5.4 CITY					
TITLE NAME		DELETE	6.1 TITUE 6.2 NAMI			☐ Chan	nge Addition	
STREET ADDRESS				et address				
	hy cort by that the information supplier	d with this filing does not aug			ted in Section 119 07/3/(i) Florida Statute	on I further portifue	that the	

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

941-694-1348

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