

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **G67810** (3)

1. Corporation Name
SUNCOAST EYE CENTER, P.A.

Principal Place of Business 14003 LAKESHORE BLVD HUDSON FL 34667	Mailing Address 14003 LAKESHORE BLVD HUDSON FL 34667-7124
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1983	3a. Date of Last Report 04/02/1996
21		26		4. FEI Number 59-2337219	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24		29		30	

9. Name and Address of Current Registered Agent SEIGEL, LAWRENCE A. 14003 LAKESHORE BLVD HUDSON FL 33567				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: *Laurence A. Seigel* (NOTE: Registered Agent signature required when reinstating) DATE: **3/17/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	SEIGEL, LAWRENCE A.			1.2 NAME			
STREET ADDRESS	14003 LAKESHORE BLVD			1.3 STREET ADDRESS			
CITY - ST - ZIP	HUDSON FL			1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	FREEDMAN, ALAN M.			2.2 NAME			
STREET ADDRESS	14003 LAKESHORE BLVD.			2.3 STREET ADDRESS			
CITY - ST - ZIP	HUDSON FL			2.4 CITY - ST - ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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: *Laurence A. Seigel* (873) 868 9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/17/97** Daytime Phone #

CR2E034 (9/96)