

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G94578** (3)

1. Corporation Name

STEPHEN M. VEACH, O.D., P.A.



Principal Place of Business

**4244 UNIVERSITY BLVD S. SUITE 2
JACKSONVILLE FL 32216-4908
US**

Mailing Address

**4244 UNIVERSITY BLVD S. SUITE 2
JACKSONVILLE FL 32216-4908
US**

2. Principal Place of Business

2a. Mailing Address

21 **4131 Southside Blvd.**

26 **4131 Southside Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

Zip

Country

Zip

Country

24 **32216**

25 **Duval**

29 **32216**

30 **Duval**

9. Name and Address of Current Registered Agent

**VEACH, STEPHEN M., O.D.
4244 UNIVERSITY BLVD S.
JACKSONVILLE FL 32216**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4131 Southside Blvd.

83

84 City **Jacksonville**

FL

85 Zip Code
32216

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

S. Michael Veach, O.D.
Signature, typed or printed name of registered agent and title if applicable

S. MICHAEL VEACH, O.D. (OWNER)
(NOTE: Registered Agent signature required when making change)

DATE **1/17/96**

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **VEACH, STEPHEN M.**
STREET ADDRESS **4244 UNIVERSITY BLVD, S.**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **VSD** ☐ DELETE
NAME **VEACH, DIANNE B.**
STREET ADDRESS **4244 UNIVERSITY BLVD, S.**
CITY - ST - ZIP **JACKSONVILLE 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4131 Southside Blvd.**
1.4 CITY - ST - ZIP **Jacksonville, FL 32216**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4131 Southside Blvd.**
2.4 CITY - ST - ZIP **Jacksonville, FL 32216**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

S. Michael Veach, O.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. MICHAEL VEACH (OWNER)

DATE **1/17/96** (904) 998-8666
Display Phone #

CR2E034 (12/95)