

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 28 PM 2:01	
DOCUMENT # H44736 (7)					
1. Corporation Name ELGIN, BYERLY & SKILLING, EYE ASSOCIATES OF TALLAHASSEE, P.A.					
Principal Place of Business 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308 US			Mailing Address 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/01/1985 3a. Date of Last Report 08/12/1994 4. FEI Number 59-2521287 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent BOOTH, EDGAR C. 2804 REMINGTON GREEN CIRCLE STE. #4 TALLAHASSEE FL 32308			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 terminating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY, ST, ZIP			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP		
TITLE NAME STREET ADDRESS 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: <i>Francis C. Skilling</i> FRANCIS C. SKILLING, P.A., M.D. 23 APR 96 (904) 878-6161					