

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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H44736** (7)

1. Corporation Name  
**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 32308-4405  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**03/01/1985**

3a. Date of Last Report

**03/21/1996**

4. FEI Number

**59-2521287**

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 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 or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BYERLY, BAXTER H.</b>	
STREET ADDRESS	<b>980 LIVE OAK PLANTATION</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SKILLING, FRANCIS C.</b>	
STREET ADDRESS	<b>1781 MARSTON PL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, TONY A.</b>	
STREET ADDRESS	<b>3726 DAGGERWING TRC.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KATO, KENNETH P.</b>	
STREET ADDRESS	<b>2515 BETTON WOOD DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>413 Meridian Place</b>
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S/T</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V</b>
5.3 STREET ADDRESS	<b>Stephen D. Tedder, M.D.</b>
5.4 CITY-ST-ZIP	<b>1767 Hermitage Blvd Apt #8304</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Tallahassee, FL 32308</b>
6.3 STREET ADDRESS	
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:

*Francis C. Skilling Jr*  
Francis C. Skilling, M.D.

6 Jan 97  
January 6, 1997

Daytime Phone #

CR2E034 (9/96)