

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:16

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **H96443** (7)

1. Corporation Name

STUART INSTITUTE FOR EYE SURGERY, INC.

Principal Place of Business

**2090 SE OCEAN BLVD.
STUART FL 34996**

Mailing Address

**2090 SE OCEAN BLVD.
STUART FL 34996**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2673814

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. 100.032

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

**BARATTA, ROBERT O., M.D.
2090 S.E. OCEAN BOULEVARD
STUART FL 34996**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or President and Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**D-
DINTER, GEORGE, M.D.
2090 S.E. OCEAN BLVD.
STUART FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST. ZIP

☐ Change ☐ Addition

2. TITLE

**DP
BARATTA, ROBERT O., M.D.
2090 S.E. OCEAN BLVD.
STUART FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST. ZIP

☐ Change ☐ Addition

3. TITLE

**VSTD
TRUITT, JAMES P., JR., MD
2090 S.E. OCEAN BLVD.
STUART FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST. ZIP

☐ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST. ZIP

☐ Change ☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST. ZIP

☐ Change ☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST. ZIP

☐ Change ☐ Addition

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 130.04(3)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or not as applicable with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

407-287-8777