

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 JUN -9 AM 9:22

DOCUMENT # K35442 (8)

1. Corporation Name

TALLAHASSEE CATARACT SURGERY CENTER, INC.

Principal Place of Business

**% ROBERT A. PIERCE
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301-1805**

Mailing Address

**% ROBERT A. PIERCE
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301-1805**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2916145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PIERCE, ROBERT A.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **COPELAND, JAMES R.**
STREET ADDRESS **3813 BOBBIN BROOK CIRCLE**
CITY - ST - ZIP **TALLAHASSEE FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **DV**
NAME **PIERCE, ROBERT A.**
STREET ADDRESS **815 E. SIXTH AVE.**
CITY - ST - ZIP **TALLAHASSEE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **S**
NAME **COPELAND, LINDA J.**
STREET ADDRESS **3813 BOBBIN BROOK CIR.**
CITY - ST - ZIP **TALLAHASSEE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **MOORE, CHARLETTE L.**
STREET ADDRESS **1319 TOM STILL RD.**
CITY - ST - ZIP **TALLAHASSEE FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **SELL, BRENCIE, M.D.**
STREET ADDRESS **3721 GALWAY DRIVE**
CITY - ST - ZIP **TALLAHASSEE FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. Copeland
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James R. Copeland

4-5-95 (404) 878 4830
DATE (Typed Name)