


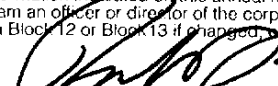
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 JUN -6 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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 85 Zip Code FL	
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			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	COPELAND, JAMES R.		
STREET ADDRESS	3813 BOBBIN BROOK CIRCLE		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	PIERCE, ROBERT A.		
STREET ADDRESS	815 E. SIXTH AVE.		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	COPELAND, LINDA J.		
STREET ADDRESS	3813 BOBBIN BROOK CIR.		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MOORE, CHARLETTE L.		
STREET ADDRESS	1319 TOM STILL RD.		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SELL, BRENCIE, M.D.		
STREET ADDRESS	3721 GALWAY DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL		
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 type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-4-96 227-9115 Date Daytime Phone #			

CR2E034 (3/96)