

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0091748

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65279** (6)
1. Corporation Name
OPTOMETRIC ASSOCIATES OF FLORIDA, P.A.



Principal Place of Business Mailing Address
9644 SCENIC DR **7209 BRYAN DAIRY RD**
PORT RICHEY FL 34668 **LARGO FL 34647-1505**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified
04/04/1990
4. FEI Number **59-3000377** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~GILLETTE, THEODORE N.~~
~~7209 BRYAN DAIRY ROAD~~
~~LARGO FL 34647~~

10. Name and Address of New Registered Agent
81 Name **Darrell C. Smith**
82 Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Boulevard
83 Suite **2800**
84 City **Tampa** **FL** 85 Zip Code **33602**

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]*
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 ☐ DELETE
NAME **GILLETTE, THEODORE N.**
STREET ADDRESS **7209 BRYAN DAIRY ROAD**
CITY-ST-ZIP **LARGO FL 33777**
TITLE ☐ DELETE
NAME **SANCHEZ, RICHARD**
STREET ADDRESS **7209 BRYAN DAIRY RD**
CITY-ST-ZIP **LARGO FL 33777**
TITLE ☐ DELETE
NAME **WELCH, RICHARD**
STREET ADDRESS **7209 BRYAN DAIRY ROAD**
CITY-ST-ZIP **LARGO FL 33777**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME **300002608103--1**
1.3 STREET ADDRESS **-08/05/98--01075--009**
1.4 CITY-ST-ZIP ******150.00 ****150.00**
2.1 TITLE **D/VP/S** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **D/T** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 in my own hand; 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: *[Signature]*

(813)-545-4300

CR2E034 (5/98)

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SHUMAKER, LOOP & KENDRICK, LLP

ATTORNEYS AT LAW

BARNETT PLAZA - SUITE 2800

101 EAST KENNEDY BOULEVARD

TAMPA, FLORIDA 33602

(813) 229-7800

FAX (813) 229-1660

MAILING ADDRESS

POST OFFICE BOX 172609

TAMPA, FLORIDA 33672-0609

WRITER'S DIRECT DIAL NUMBER:
(813) 227-2263

CHARLOTTE OFFICE

128 SOUTH TRYON STREET

SUITE 1800

CHARLOTTE, NORTH CAROLINA 28202

(704) 378-0057

FAX (704) 332-1197

TOLEDO OFFICE
NORTH COURTHOUSE SQUARE
1000 JACKSON
TOLEDO, OHIO 43624-1573
(419) 241-9000
FAX (419) 241-6894

July 22, 1998

FEDERAL EXPRESS

Florida Secretary of State
Annual Reports Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Vision Twenty-One Annual Reports

Dear Sir/Madam:

On April 16, 1998, our client's accounting department sent in the annual reports for Vision Twenty-One, Inc.; Vision Twenty-One Physician Practice Management Company; Vision 21 Managed Eye Care of Tampa Bay, Inc.; Vision 21 Management Services, Inc.; Vision 21 of Southern Arizona, Inc.; Vision 21 of Sierra Vista, Inc.; Vision Twenty-One Eye Laser Centers, Inc.; and Optometric Associates of Florida, P.A. Our client received the enclosed Second Notices. After speaking with your offices and determining that the check never cleared the bank, we have determined that the annual reports (together with the checks) were lost in the mail.

Enclosed for filing with your offices are the Annual Reports and 8 checks each in the amount of \$150.00 as the filing fee.

If you have any questions, please do not hesitate to call me.

Sincerely,


Amy W. Recchio
Legal Assistant

AWR/