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Jan 30 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 # L92229 (8)
1. Corporation Name
THE CENTRE FOR EYE CARE & SURGERY, INC.

Principal Place of Business
10655 S US ONE
PORT ST LUCIE FL 34952

Mailing Address
10655 S US ONE
PORT ST LUCIE FL 34952-6419



3. Date Incorporated or Qualified 08/06/1990
3a. Date of Last Report 02/16/1996

2. Principal Place of Business
21 1821 SE Port St Lucie Blvd
Suite, Apt. #, etc.
22
City & State
23 Port St Lucie FL
Zip
24 34952
Country
25 USA

2a. Mailing Address
26 1821 SE Port St Lucie Blvd
Suite, Apt. #, etc.
27
City & State
28 Port St Lucie FL
Zip
29 34952
Country
30 USA

4. FEI Number 65-0208821
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
SILVIANO MATAMOROS
10655 SOUTH US 1
PORT ST. LUCIE FL 34952

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
TITLE D
NAME MATAMOROS, SILVIANO MD
STREET ADDRESS 10655 S US ONE
CITY-ST-ZIP PORT ST LUCIE FL
TITLE PST
NAME MATAMOROS, SILVIANO MD
STREET ADDRESS 10655 S US ONE
CITY-ST-ZIP PORT ST LUCIE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
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, or is signed on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-17-97 561-337-5332
Date Daytime Phone #

CR2E034 (9/96)