

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15260** (5)

1. Corporation Name

SUNCOAST EYE CENTER FOUNDATION, INC.



Principal Place of Business % LAWRENCE A. SEIGEL, M.D. 14003 LAKESHORE BLVD. HUDSON FL 34667	Mailing Address % LAWRENCE A. SEIGEL, M.D. 14003 LAKESHORE BLVD. HUDSON FL 34667-7124
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3. Date Incorporated or Qualified 06/04/1986	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2684805	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEIGEL, LAWRENCE A.
14003 LAKESHORE BLVD.
HUDSON FL 34667**

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 617.0502 and 617.1509, 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 617.0403, Florida Statutes.

SIGNATURE *Lawrence A. Seigel* DATE **3/17/97**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGEL, LAWRENCE A. M.D.	1.2 NAME	
STREET ADDRESS	14003 LAKESHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGEL, ARLENE	2.2 NAME	
STREET ADDRESS	14003 LAKESHORE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYTON, KENNETH	3.2 NAME	
STREET ADDRESS	611 DRUID ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGEL, LAWRENCE A.	4.2 NAME	
STREET ADDRESS	14003 LAKESHORE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, DEBORA A	5.2 NAME	
STREET ADDRESS	14003 LAKESHORE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWERY, CONNIE L	6.2 NAME	
STREET ADDRESS	14003 LAKESHORE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)