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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:25

DOCUMENT # N20559 (3)

1. Corporation Name
CENTRAL FLORIDA SOCIETY OF OPHTHALMOLOGY, INC.

Principal Place of Business	Mailing Address
112 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714-2577	112 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714-2577

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1987
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2862159 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MASSEY, GARY E ESQ.
112 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714-2577

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 Harold A. Sloas 1-21-95
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	~~PRE~~	1.1 TITLE	Secretary-Director	☒ Change ☐ Addition
NAME	LUGO, MIGUEL M	1.2 NAME		
STREET ADDRESS	661 E ALTAMONTE DR STE 216	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPR FL	1.4 CITY-ST-ZIP		
TITLE	~~PRE~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~PARKER, C. J. MD~~	2.2 NAME		
STREET ADDRESS	~~16 WEST COLUMBIA STREET, SUITE B~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL 32806~~	2.4 CITY-ST-ZIP		
TITLE	~~VPD~~	3.1 TITLE	President-Director	☒ Change ☐ Addition
NAME	SLOAS, HAROLD, A	3.2 NAME		
STREET ADDRESS	729 BEAR CREEK CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	~~SEC~~	4.1 TITLE	Vice-President-Director	☒ Change ☐ Addition
NAME	RICHMOND, PRESTON MD	4.2 NAME		
STREET ADDRESS	44 LAKE BEAUTY DRIVE, SUITE 300	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	Treasurer-Director	5.1 TITLE		☐ Change ☒ Addition
NAME	Ricardo J. Ramirez, MD	5.2 NAME		
STREET ADDRESS	115 W. Columbia St.	5.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32806	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Harold A. Sloas Harold A. Sloas, 1/20/95 (407) 643-2282
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003028