

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **05/08/1987** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2862159		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPO <input type="checkbox"/> DELETE	4.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	TD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RICARDO J MD	5.2 NAME	
STREET ADDRESS	115 W COLUMBIA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JOHN C. OLSON, M.D.
STREET ADDRESS		6.3 STREET ADDRESS	44 LAKE BEAUTY DRIVE, SUITE 300
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32806

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 the 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

Date

Daytime Phone #

TREASURER 2/14/96 407 425 7188

CR2E037 (12/95)