

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # N21490 (0)  
1. Corporation Name  
OPHTHALMOLOGICAL SOCIETY OF GAINESVILLE, INC.



Principal Place of Business	Mailing Address
720 SW 2ND AVE. SUITE 306 720 SW SECOND AVENUE #306 GAINESVILLE FL 32601	720 SW 2ND AVE. SUITE 306 720 SW SECOND AVENUE #306 GAINESVILLE FL 32601

3. Date Incorporated or Qualified <b>06/15/1987</b>	3a. Date of Last Report <b>03/24/1995</b>
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<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address		<b>4.</b> FEI Number <b>59-1450152</b>		<b>Applied For</b>	
<b>21</b>		<b>26</b>				<b>Not Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5.</b> Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>					
City & State		City & State		<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>24</b>		<b>25</b>		<b>29</b>		<b>30</b>	

ROSEMAN, ROBERT L.  
720 SW 2ND AVE, SUITE 306  
GAINESVILLE FL 32601

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 re-instaling)

DATE \_\_\_\_\_

12 OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	POLACK, FRANK M.	
STREET ADDRESS	1013 S.W. 2ND AVENUE	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, W.H.	
STREET ADDRESS	708 E. UNIVERSITY AVENUE	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUYTON, WILLIAM F.	
STREET ADDRESS	6717 NW 11TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEMAN, ROBERT L.	
STREET ADDRESS	720 SW 2ND AVE.	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: Robert L. Roseman, M.D. as an officer of the Grainville Opth. Society 1/17/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)