

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

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 2ND AVE. SUITE 306  
720 SW SECOND AVENUE #306 720 SW SECOND AVENUE #306  
GAINESVILLE FL 32601 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1987 3a. Date of Last Report 04/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1450152 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

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] as Secretary of Gainesville Ophthalmological Society. 7/24/97.  
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 STD 1.1 TITLE  
NAME POLACK, FRANK M. 1.2 NAME  
STREET ADDRESS 1013 S.W. 2ND AVENUE 1.3 STREET ADDRESS  
CITY-ST-ZIP GAINESVILLE FL 1.4 CITY-ST-ZIP  
TITLE PD 2.1 TITLE  
NAME MARSHALL, W.H. 2.2 NAME  
STREET ADDRESS 708 E. UNIVERSITY AVENUE 2.3 STREET ADDRESS  
CITY-ST-ZIP GAINESVILLE FL 2.4 CITY-ST-ZIP  
TITLE D 3.1 TITLE  
NAME GUYTON, WILLIAM F. 3.2 NAME  
STREET ADDRESS 6717 NW 11TH PLACE 3.3 STREET ADDRESS  
CITY-ST-ZIP GAINESVILLE FL 3.4 CITY-ST-ZIP  
TITLE D 4.1 TITLE  
NAME ROSEMAN, ROBERT L. 4.2 NAME  
STREET ADDRESS 720 SW 2ND AVE. 4.3 STREET ADDRESS  
CITY-ST-ZIP GAINESVILLE FL 4.4 CITY-ST-ZIP  
TITLE 5.1 TITLE  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE 6.1 TITLE  
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 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 [Signature] as Secretary of Gainesville Ophthalmological Society 9/4/97

CR2E037 (4/97)