FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38056 (0)

1. Corporation Name
FLORIDA EYE INJURY REGISTRY, INC.

Principal Place of Business	Mailing Address
1133 W MORSE BLVD #201 WINTER PARK FL 32789-3788	1133 W MORSE BLVD #201 WINTER PARK FL 32789-3788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3051564 ☐ 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 § 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

STEALEY, MARJORIE
10 CROW SEGAL MGMT CO.
1133 W. MORSE BLVD., STE 201
WINTER PARK FL 32789-3788

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	EVP/D	☒ Change ☐ Addition
NAME	BRAYTON, JOHN R., JR.	1.2 NAME	Robert Davis	
STREET ADDRESS	8333 N. DAVIS HWY.	1.3 STREET ADDRESS	1133 W. Morse Blvd., #201	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	T	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	HAMMER, MARK E.	2.2 NAME	Glatzer, Ronald	
STREET ADDRESS	508 S HABANA STE 120	2.3 STREET ADDRESS	5601 N. Dixie Hwy, #307	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334-4146	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KIRKCONNELL, WAITE S.	3.2 NAME	Hale, Lealia	
STREET ADDRESS	2919 SWANN AVENUE, #307	3.3 STREET ADDRESS	1005 Mar Walt Drive	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547-6796	
TITLE	VPD	4.1 TITLE	P	☒ Change ☐ Addition
NAME	DIGAETANO, MARGARET	4.2 NAME	DiGaetano, Margaret	
STREET ADDRESS	311 N. CLYDE MORRIS BLVD.	4.3 STREET ADDRESS	311 N. Clyde Morris Blvd., #480	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Daytona Beach, FL 32114-2765	
TITLE	SD	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	CHURCH, THOMAS	5.2 NAME	Church, Thomas	
STREET ADDRESS	51 YACHT CLUB DRIVE	5.3 STREET ADDRESS	51 Yacht Club Dr., NE	
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548-4473	
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TRATTLER, HENRY, MD	6.2 NAME	Croley, James	
STREET ADDRESS	8600 SW 92ND ST #204	6.3 STREET ADDRESS	613 Del Prado Blvd.	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Cape Coral, FL 33904	

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 M. Davis 4/19/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytona Phone #

0003440