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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32789-37881133 W MORSE BLVD #201
WINTER PARK FL 32789-37883. Date Incorporated or Qualified
05/09/19903a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3051564

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE EVPD ☐ DELETE
NAME DAVIS, ROBERT
STREET ADDRESS 1133 W MORSE BLVD #201
CITY-ST-ZIP WINTER PARK FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME GUPTA, SUNIL
STREET ADDRESS 1720 E ST
CITY-ST-ZIP PENSACOLA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME CANO, DAVID
STREET ADDRESS 2801 N FLAGLER DR, #203
CITY-ST-ZIP W PALM BCH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME NEWMARK, EMMANUEL
STREET ADDRESS 140 JOHN F. KENNEDY CIRCLE, #140
CITY-ST-ZIP ATLANTIS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BRAYTON, JOHN R. JR
STREET ADDRESS 8333 N DAVIS HWY
CITY-ST-ZIP PENSACOLA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CROLEY, JAMES
STREET ADDRESS 613 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

904-433-3641

CP2E037 (9/96)