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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38056**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/09/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3051564 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ 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	EVPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ROBERT		1.2 NAME		
STREET ADDRESS	1133 W MORSE BLVD #201		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GUPTA, SUNIL		2.2 NAME		
STREET ADDRESS	4511 N DAVIS HWY #A		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CANO, DAVID		3.2 NAME		
STREET ADDRESS	2601 N FLAGLER DR, #203		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NEWMARK, EMMANUEL		4.2 NAME		
STREET ADDRESS	140 JOHN F. KENNEDY CIRCLE, #140		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRAYTON, JOHN R. JR		5.2 NAME		
STREET ADDRESS	8333 N DAVIS HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CROLEY, JAMES		6.2 NAME		
STREET ADDRESS	613 DEL PRADO BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/29/99 407-647-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)