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 # **N49492** **(4)**

1. Corporation Name
OPTHMRS. CLUB OF CAPE CORAL, FLORIDA, INC.

Principal Place of Business	Mailing Address
1016 RETUNDA PKWY. CAPE CORAL FL 33904	1016 RETUNDA PKWY. CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business	2a. Mailing Address
21 2538 SW 27 PLACE	26 2538 SW 27 PLACE
Suite, Apt. #, etc. 22 PH	Suite, Apt. #, etc. 27 PH
City & State 23 CAPE CORAL FL 33914	City & State 28 CAPE CORAL FL 33914
Zip 24 33914 — Country 25 USA	Zip 29 33914 — Country 30 USA

4. FEI Number: 65-0340285 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEELY, JACKIE
1016 RETUNDA PKWY.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: MICHELLE DOLIN
82 Street Address (P.O. Box Number is Not Acceptable): 2538 SW 27 PLACE
83
84 City: CAPE CORAL **FL** 85 Zip Code: 33914

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: michelle Dolin President — 1/29/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEELY JACKIE 1016 ROTUNDA PKWY CAPE CORAL FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD DOLIN, MICHELLE 2538 SW 27 PLACE CAPE CORAL FL 33914	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DOLIN, MICHELLE 2538 SW 27TH PLACE CAPE CORAL FL 33914	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPD McGRATH, GRACE 206 SE 37 TERRACE CAPE CORAL FL 33904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALZMAN, EDNA 5306 SKLINE BLVD. CAPE CORAL FL 33914	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD SALZMAN, EDNA 5306 SKYLINE BLVD. cape CORAL FL 33914	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DELORENZO, THELMA 240 SE 6TH ST. CAPE CORAL FL 33990	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD DeLORENZO, THELMA 240 SE 6 STREET CAPE CORAL FL 33990	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIRMES, MAUREEN 1310 SE 44TH TERR. CAPE CORAL FL 33904	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D FIRMES, MAUREEN 1310 SE 44 TERRACE CAPE CORAL FL 33904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGRATH, GRACE 206 SE 37TH TERR. CAPE CORAL FL 33904	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D WILLS, GAIL 4417 CORONADO PARKWAY CAPE CORAL FL 33904	☐ Change ☐ Addition

CR2E037 (12/95)

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)(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: michelle Dolin MICHELLE DOLIN 1/29/96 1/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #