

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 # N94000000878 (8)

1. Corporation Name

FLORIDA EYE SPECIALIST NETWORK, INC.



Principal Place of Business

Mailing Address

1428 S. TAMiami TRAIL  
SARASOTA FL 34239

1428 S. TAMiami TRAIL  
SARASOTA FL 34239

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0471400

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. 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

FISHER, JOHN H II  
201 NORTH FRANKLIN ST.  
SUITE 2100  
TAMPA FL 33602

81 Name

Joseph Rugg

82 Street Address (P.O. Box Number is Not Acceptable)

One Tampa City Center

83

Suite 2100

84 City

Tampa

FL

85 Zip Code

33602

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 617.0903, Florida Statutes.

SIGNATURE

*Joseph Rugg*

Joseph Rugg

1/96

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 ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME  
ALTENBURG, JOHN M  
STREET ADDRESS  
6101 WEBB RD  
CITY-STATE-ZIP  
TAMPA FL

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME  
BURKE, MOIRA M  
STREET ADDRESS  
13801 N 30TH ST., #301  
CITY-STATE-ZIP  
TAMPA FL

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME  
COX, GENE M  
STREET ADDRESS  
3594 BROADWAY ST., #H  
CITY-STATE-ZIP  
FT MYERS FL

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME  
SIBLEY, MARK M  
STREET ADDRESS  
1515 9TH AVE NORTH  
CITY-STATE-ZIP  
ST PETERSBURG FL

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE ☐ DELETE

51 TITLE ☒ Change ☐ Addition

NAME  
ROTHENBERG, DAVID  
STREET ADDRESS  
3820 TAMPA RD, STE 101  
CITY-STATE-ZIP  
PALM HARBOR FL

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
ROTHENBERG, DAVID  
3820 Tampa Rd., Suite 101  
Palm Harbor, FL 34684

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
LAMENDSOLF, MICHAEL  
STREET ADDRESS  
1428 S. TAMiami TRAIL  
CITY-STATE-ZIP  
SARASOTA FL 34239

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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:

*David Rotherberg, MD*

DAVID ROTHERBERG, MD Treasurer

2-11-96

813 7256422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)