

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 19 AM 8:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000001087 (5)

1. Corporation Name

EYECARE PROVIDERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**13455 MOEL ROAD
SUITE 2000
DALLAS TX 75240**

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SUITE 2000
DALLAS TX 75240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

4. FEI Number

75-2520877

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 S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPAMERICA, INC.
1525 S ANDREWS AVENUE
SUITE 216
FT LAUDERDALE FL 33316**

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 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

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 **President**
NAME **Steven C. Straus**
STREET ADDRESS **13455 Noel Road, 20th Floor**
CITY-ST-ZIP **Dallas, TX 75240**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **G. Brock Magruder, Sr., M.D.**
1.4 CITY-ST-ZIP **116 W. Sturtevant St.
Orlando, FL 32806** ☐ Change ☐ Addition

TITLE **Secretary and Director**
NAME **Jack Yager, O.D.**
STREET ADDRESS **214 E. Marks Street**
CITY-ST-ZIP **Orlando, FL 32805**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **Treasurer, Director**
NAME **Bruce Anderson, O.D.**
STREET ADDRESS **11210 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **Director**
NAME **Thomas Coffman**
STREET ADDRESS **2889 Tenth Avenue, N. Ste. 304**
CITY-ST-ZIP **Lake Worth, FL 33162**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **Director**
NAME **Jeff Sapp**
STREET ADDRESS **88 West Kaley Street**
CITY-ST-ZIP **Orlando, Florida 32806**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **Director**
NAME **David Leach, M.D.**
STREET ADDRESS **4302 North Gomez**
CITY-ST-ZIP **Tampa, Florida 33607**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **39384-811317 \$130.00**
6.4 CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-7-95

(410) 740-5648

Date

Daytime Phone #