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CORPORATION ANNUAL REPORT 1995

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:16

DOCUMENT # N94000001732 (6)

1. Corporation Name

EYE CARE NETWORKS AND ALLIANCES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
400 AVENUE K, S.E. WINTER HAVEN FL 33880	400 AVENUE K, S.E. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3243914 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA STREET
JACKSONVILLE FL 32202

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 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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FREEDMAN, ALAN M	1.2 NAME	
STREET ADDRESS	14003 LAKESHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GRODEN, LEWIS R	2.2 NAME	
STREET ADDRESS	4730 N. HABANA AVE., SUITE 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, STUART J	3.2 NAME	
STREET ADDRESS	38233 DAUGHTERY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYR HILLS FL 33540	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LAYDEN, WILLIAM E	4.2 NAME	
STREET ADDRESS	13601 BRUCE B.DOWNS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MISCH, DAVID M	5.2 NAME	
STREET ADDRESS	400 AVENUE K	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SILBIGER, JONATHAN S	6.2 NAME	
STREET ADDRESS	400 AVENUE K, S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	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: _____ CHAIRMAN 1/30/95 813-297-5400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

DAVID M. MISCH, M.D. CHAIRMAN 1/30/95

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