FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002955 (2)

1. Corporation Name

EYE CARE NETWORKS AND ALLIANCES OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3920 BEE RIDGE RD BLDG F, SUITE B SARASOTA FL 34233	3920 BEE RIDGE RD BLDG F, SUITE B SARASOTA FL 34233

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

4. FEI Number: 65-0509903 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

RAX CO.
50 N LAURA ST
3400 BARNETT CENTER
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	HURVITZ, LAWRENCE M	1.2 NAME	
STREET ADDRESS	3920 BEE RIDGE RD BLDG F SUITE B	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ELMQUIST, TREVOR	2.2 NAME	
STREET ADDRESS	12670 NEW BRITTANY RD BLVD SUITE 102	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, GARY	3.2 NAME	
STREET ADDRESS	1010 N MILLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	3.4 CITY-ST-ZIP	
TITLE	POEL	4.1 TITLE	☐ Change ☐ Addition
NAME	TL, DAVID E	4.2 NAME	
STREET ADDRESS	616 9TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	SHEWMATE, BOB	5.2 NAME	
STREET ADDRESS	1921 WALDEMERE ST #105	5.3 STREET ADDRESS	delete this director as he has resigned + not replaced
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE	DWEI	6.1 TITLE	☐ Change ☐ Addition
NAME	NKLE, DANA	6.2 NAME	
STREET ADDRESS	3131 S TAMIAMI TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	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: Lawrence M Hurvitz 4-12-95 813-923-5491
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Lawrence M. Hurvitz, MD

000003