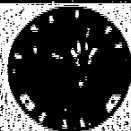


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 FLO
RIDA, INC.**

Principal Place of Business

Mailing Address

**3830 BEE RIDGE RD
BLDG F, SUITE B
SARASOTA FL 34233**

**3830 BEE RIDGE RD
BLDG F, SUITE B
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/15/1994

4. FBI Number

65-0509903

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAX CO.
50 N LAURA ST
3400 BARNETT CENTER
JACKSONVILLE FL 32202**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HURVITZ, LAWRENCE M**
STREET ADDRESS **3820 BEE RIDGE RD BLDG F SUITE B**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D**
NAME **ELMQUIST, TREVOR**
STREET ADDRESS **12670 NEW BRITTANY RD BLVD SUITE 102**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D**
NAME **PEARCE, GARY**
STREET ADDRESS **1010 N MILLS RD**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE **POEL**
NAME **TL, DAVID E**
STREET ADDRESS **616 9TH ST N**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **D**
NAME **SHEWMATE, BOB**
STREET ADDRESS **1921 WALDEMERE ST #105**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **DWEI**
NAME **NKLE, DANA**
STREET ADDRESS **3131 S TAMAM TR**
CITY-ST-ZIP **SARASOTA FL 34239**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**delete this director as he
has resigned + not replaced**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence M. Hurvitz, mb

4-12-95

Date

813-923-5491

Telephone Number