

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002955 (2)

1. Corporation Name

EYE CARE NETWORKS AND ALLIANCES OF SOUTHWEST FLO
RIDA, INC.



Principal Place of Business

3920 BEE RIDGE RD
BLDG F, SUITE B
SARASOTA FL 34233

Mailing Address

3920 BEE RIDGE RD
BLDG F, SUITE B
SARASOTA FL 34233

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0509903

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

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 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 617.0503, 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 D ☐ DELETE
NAME HURVITZ, LAWRENCE M
STREET ADDRESS 3920 BEE RIDGE RD BLDG F SUITE B
CITY-ST-ZIP SARASOTA FL 34233

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Lewis, John
4.3 STREET ADDRESS 2020 Manatee Ave. W.
4.4 CITY-ST-ZIP Bradenton, FL 34205

TITLE ☐ DELETE
NAME NKLE, DANA
STREET ADDRESS 3131 S TAMiami TR
CITY-ST-ZIP SARASOTA FL 34239

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME ZUSMAN, NEIL
5.3 STREET ADDRESS 2885 Tamiami Trail
5.4 CITY-ST-ZIP Port Charlotte, FL 33962

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME GRIDLEY, MELISSA
6.3 STREET ADDRESS 689 9th St. N.
6.4 CITY-ST-ZIP NAPLES, FL 33940

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

2/6/96

941-923-5491
Date Daytime Phone #

CR2E037 (12/95)