**FILE NOW: FILING FEE IS $61.25**

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
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 | Mailing Address |
|---|---|
| 3920 BEE RIDGE RD<br>BLDG F. SUITE B<br>SARASOTA FL 34233 | 3920 BEE RIDGE RD<br>BLDG F. SUITE B<br>SARASOTA FL 34233-1207 |

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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**

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 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.

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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 | 1.1 TITLE | D ☐ Change ☐ Addition |
| NAME | HURVITZ, LAWRENCE M | 1.2 NAME | Zusman, Neal |
| STREET ADDRESS | 3920 BEE RIDGE RD BLDG F SUITE B | 1.3 STREET ADDRESS | 2885 Tamiami Tr. |
| CITY-ST-ZIP | SARASOTA FL 34233 | 1.4 CITY-ST-ZIP | Pt. Charlotte, FL 33952 |
| TITLE | D ☐ DELETE | 2.1 TITLE | D ☐ Change ☐ Addition |
| NAME | ELMQUIST, TREVOR | 2.2 NAME | Friedman, Scott |
| STREET ADDRESS | 12670 NEW BRITTANY RD BLVD SUITE 102 | 2.3 STREET ADDRESS | 400 Avenue K, SE #4 |
| CITY-ST-ZIP | FT MYERS FL 33907 | 2.4 CITY-ST-ZIP | Winter Haven, FL 33880 |
| TITLE | D ☐ DELETE | 3.1 TITLE | D ☐ Change ☐ Addition |
| NAME | PEARCE, GARY | 3.2 NAME | Goldberg, Lawrence |
| STREET ADDRESS | 1010 N MILLS RD | 3.3 STREET ADDRESS | 4957 38th Ave. N. Ste. D |
| CITY-ST-ZIP | ARCADIA FL 33821 | 3.4 CITY-ST-ZIP | St. Petersburg, FL 33710 |
| TITLE | D ☐ DELETE | 4.1 TITLE | D. ☐ Change ☐ Addition |
| NAME | LEWIS, JOHN | 4.2 NAME | Mines, Jonathan |
| STREET ADDRESS | 2020 MANATEE AVENUE WEST | 4.3 STREET ADDRESS | 505 Druid Rd. E. |
| CITY-ST-ZIP | BRADENTON FL | 4.4 CITY-ST-ZIP | Clearwater, FL 34616 |
| TITLE | DWEI ☐ DELETE | 5.1 TITLE | D ☐ Change ☐ Addition |
| NAME | NKLE, DANA | 5.2 NAME | Kaufman, Stuart |
| STREET ADDRESS | 3131 S TAMIAMI TR | 5.3 STREET ADDRESS | 38233 Daugherty Rd. |
| CITY-ST-ZIP | SARASOTA FL 34239 | 5.4 CITY-ST-ZIP | Zephyrhills, FL 33540 |
| TITLE | D ☒ DELETE | 6.1 TITLE | D ☐ Change ☐ Addition |
| NAME | GRIDLEY, MELISSA | 6.2 NAME | Burke, Moira |
| STREET ADDRESS | 689 9TH STREET NORTH | 6.3 STREET ADDRESS | 13801 Bruce B. Downs Blvd. |
| CITY-ST-ZIP | NAPLES FL | 6.4 CITY-ST-ZIP | Tampa, FL 33613 |

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14. I do hereby certify that the information supplied with this filing 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 MD 1/14/97 941-923-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063035