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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 BLDG F. SUITE B SARASOTA FL 34233	3920 BEE RIDGE RD BLDG F. SUITE B 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:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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 appoint the agent as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

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CR2E037 (9/96)

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 # 0063095