

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90010 030 ****61.25

DOCUMENT # N94000002955

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0509903

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 ☐ DELETE
NAME **D 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 ☐ DELETE
NAME **D 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 ☐ DELETE
NAME **D 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 **D FRIEDMAN, SCOTT**
STREET ADDRESS **400 AVENUE K SE 4**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D ZUSMAN, NEIL**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LAWRENCE M HURVITZ, MD

4/8/99

941-923-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0087553

CR2E037- (1/1/98)