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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19329

(2)

CO-CARE EYE CENTERS, INC.

FILED
May 09 1997 8:00am
Secretary of State

EIOO DODI A	acc of Business	M	lailing Address				T REBIADOL DEL TIDIO EDIADO TITADO ESTADO	isman Mather di	anı miğir M	(81) #1811 (48)
	AR AVE. STE 2100		100 POPLAR AVE							
SUITE 2100 MEMPHIS TI			uite 2100 Iemphis TN 38137-2101	1						
US	N 30137	S	42 IN 30137-2101			3. Date Incorporated or Qualified 3a. Date of Last Repo 05/20/1988 04/29/1996				
2. Principal	Place of Business	28	. Mailing Address		•		4. FEI Number			Applied For
11		26					23-2466180			Not Applicable
Suite, Ap	at #, etc	27	Suite, Apl. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & St	tate		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28					Trust Fund Contribution			ed to Fees
Zφ	Country		Zip	Cou	intry	/	8. This corporation has liability for in	ntangible :	tax unde	er s. 199.032,
4	25	29		30				Yes [		
	9. Name and Address of Curre	ent Regi	stered Agent			·	10. Name and Address of New Reg	istered A	gent	
El	DMONDS, RONALD L				81	Name				
18	840 N HIGHLAND AVE.				82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
C	LEARWATER FL 34615									
					83					
					84	Oibi			lest 3	in Code
					**	City		FL	85 2	ip Code
SIGNATURI	િક અંદર્ગ, typed ut ported came of registered a			OTE: Registere	d Ag	ent signature req	uired when reinstating)	DATE		
12.	OFFICERS A	NO DIRE		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
FILE	PSTD		DELETE	1.1 7)	ITLE				Chan	ge 🔲 Additio
NAME	LEWIS, THOMAS P			1.2 N	AME	Į.				
	s 5100 POPLAR AVE, ST 2100	)		1		ADDRESS				
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I. 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 607, 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

5/1197

901-683-7868

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