

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90011 016 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P19329

1. Corporation Name
CO-CARE EYE CENTERS, INC.



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| Principal Place of Business 5100 POPLAR AVE. STE 2100 SUITE 2100 MEMPHIS TN 38137 US | Mailing Address 5100 POPLAR AVE SUITE 2100 MEMPHIS TN 38137 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 5350 Poplar Ave. Suite, Apt. #, etc. 22 Ste. #900 City & State 23 Memphis, TN Zip 24 38119 Country 25 USA | 2a. Mailing Address 26 5350 Poplar Ave. Suite, Apt. #, etc. 27 Ste. #900 City & State 28 Memphis, TN Zip 29 38119 Country 30 USA |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 05/20/1988 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 23-2466180 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|-----------|
| 9. Name and Address of Current Registered Agent EDMONDS, RONALD L 1840 N HIGHLAND AVE. CLEARWATER FL 34615 | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

| | |
|---|-----------|
| 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, THOMAS P | 1.2 NAME | |
| STREET ADDRESS | 5100 POPLAR AVE, ST 2100 | 1.3 STREET ADDRESS | 5350 Poplar Ave. Ste #900 |
| CITY-ST-ZIP | MEMPHIS TN | 1.4 CITY-ST-ZIP | Memphis, TN 38119 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDMONDS, RONALD L. | 2.2 NAME | |
| STREET ADDRESS | 5100 POPLAR AVE, STE 2100 | 2.3 STREET ADDRESS | 5350 Poplar Ave. Ste. #900 |
| CITY-ST-ZIP | MEMPHIS TN | 2.4 CITY-ST-ZIP | Memphis, TN 38119 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 607, 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:  5/1/99 901-683-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #