

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PM 3:32

DOCUMENT # P93000019924 (8)

1. Corporation Name

CAPITAL EYE TRANSPORTATION, INC.

Principal Place of Business

2535 CAPITAL MEDICAL BLVD
TALLAHASSEE FL 32308
US

Mailing Address

2535 CAPITAL MEDICAL BLVD
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1993

3a. Date of Last Report

03/31/1994

4. FEI Number

59-3043770

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARLAND, PAUL E MD
1839 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

81 Name

PAUL E. GARLAND, MD

82 Street Address (P.O. Box Number is Not Acceptable)

2535 Capital Medical Blvd

83

84

City Tallahassee

FL

85

Zip Code 32308

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

(Signature, typed or printed name of registered agent and title if applicable)

(DATE) Registered Agent signature required when reappointing

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

GARLAND, PAUL E MD
1839 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

President

☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

2535 Capital Medical Blvd
Tallahassee FL 32308

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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

PAUL E. GARLAND, MD

3/20/95

(901) 942-3937