

**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 28 PM 3:33

DOCUMENT # **P93000019930 (5)**

1. Corporation Name

**CAPITAL EYE SURGERY CENTER, 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 **04/01/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**59-3179201**

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name

B2

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

**2535 Capital Medical Blvd**

B3

B4

City **Tallahassee**

FL

B5

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 of agent)

(NOTE: Registered Agent signature required when necessary)

(Date)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

Change  Addition  
**2535 Capital Medical Blvd**  
**Tallahassee FL 32308**  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 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 Section 119.07(3)(k), 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:

**PAUL E. GARLAND MD**

**3/20/95 (904) 942-3937**

Date

Telephone Number