

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **03/16/1993**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **59-3179201**  
Applied For:  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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Country

**9. Name and Address of Current Registered Agent**

**GARLAND, PAUL E MD  
2535 CAPITAL MEDICAL BLVD  
TALLAHASSEE FL 32308**

**10. Name and Address of New Registered Agent**

81 Name: **E. Faye Fennell**  
82 Street Address (P.O. Box Number is Not Acceptable): **2535 Capital Medical Blvd.**  
83 **Tallahassee, FL 32308**  
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: *E. Faye Fennell* **E. Faye Fennell** DATE: **04/29/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARLAND, PAUL E MD</b>	
STREET ADDRESS	<b>2535 CAPITAL MEDICAL BLVD</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Thomas P. Lewis</b>	
13 STREET ADDRESS	<b>5100 Poplar Ave., Suite 2100</b>	
14 CITY- ST- ZIP	<b>Memphis, TN 38137</b>	
21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
22 NAME	<b>Ronald L. Edmonds</b>	
23 STREET ADDRESS	<b>5100 Poplar Ave., Suite 2100</b>	
24 CITY- ST- ZIP	<b>Memphis, TN 38137</b>	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
32 NAME	<b>Cassandra T. Speier</b>	
33 STREET ADDRESS	<b>5100 Poplar Ave., Suite 2100</b>	
34 CITY- ST- ZIP	<b>Memphis, TN 38137</b>	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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, changed, or on an attachment to, an address.

SIGNATURE: *Paul E. Garland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-30-96** **501-653 7868**

CR2E034 (12/95)