

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Sep 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000019930 (5)**  
 1. Corporation Name  
**CAPITAL EYE SURGERY CENTER, INC.**



Principal Place of Business <b>2535 CAPITAL MEDICAL BLVD TALLAHASSEE FL 32308 US</b>	Mailing Address <b>2535 CAPITAL MEDICAL BLVD TALLAHASSEE FL 32308 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/16/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3179201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FENNELL, E F  
 2535 CAPITAL MEDICAL BLVD  
 TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name <b>Raymond Pierie, O.D.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2535 Capital Medical Blvd</b>
83
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32308</b>

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 **Raymond Pierie, O.D. Center Director** DATE **9/16/97**  
Signature, typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, THOMAS P</b>	
STREET ADDRESS	<b>5100 POPLAR AVE STE 2100</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>EDMONDS, RONALD L</b>	
STREET ADDRESS	<b>5100 POPLAR AVE STE 2100</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEIER, CASSANDRA T</b>	
STREET ADDRESS	<b>5100 POPLAR AVE STE 2100</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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: 

CR2E034 (4/97)