

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000029921 (2)**

1. Corporation Name

**HEALTH+VISION, INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/23/1993</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-3181218</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                                                 |                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business                                                                                                                                  | 2a. Mailing Address                                                                                                                                             |
| 21. <b>405 Douglas Avenue</b><br>Suite, Apt. #, etc.<br>22. <b>1855D</b><br>City & State<br>23. <b>Altamonte Springs, FL</b><br>Zip Country<br>24. <b>32714</b> | 26. <b>405 Douglas Avenue</b><br>Suite, Apt. #, etc.<br>27. <b>1855D</b><br>City & State<br>28. <b>Altamonte Springs, FL</b><br>Zip Country<br>29. <b>32714</b> |

9. Name and Address of Current Registered Agent

**BOWERS, CLAUD  
477 PICKFORD POINT  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.                                                    |              |
| 84. City                                               | <b>FL</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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOWERS, CLAUD      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 477 PICKFORD POINT | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LONGWOOD FL        | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VP                 | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOWERS, FREEDA     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 477 PICKFORD POINT | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LONGWOOD FL        | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 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                      |                    | 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                      |                    | 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                      |                    | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 amendment with an address.

SIGNATURE

*Claud Bowers*  
SIGNATURE ATTACHED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claud Bowers

4/24/95

(407) 786-2777

Date

Telephone Area #