

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000044286 (1)

1. Corporation Name

COMPREHENSIVE EYE CARE, INC.

Principal Place of Business

2997 TYRONE BLVD. N.  
ST. PETERSBURG FL 33710

Mailing Address

2997 TYRONE BLVD. N.  
ST. PETERSBURG FL 33710

55 SEP 22 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21

Suite, Apt #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

26

Suite, Apt #, etc.

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City & State

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Zip

Country

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3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3188954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

FERGUSON, HAROLD G  
2997 TYRONE BLVD. N.  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

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

100001965041

83

10/01/96-01038-034

84 City

\*\*\*\*225.00 \*\*\*\*225.00

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

Signature typed or printed name of registered agent and the fee payable

Part 15 Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

D

FERGUSON, HAROLD G  
8357 125TH PLACE N.  
LARGO FL 34643

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-96

813-536-7724