

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3: 03

DOCUMENT # P93000068034 (6)

1. Corporation Name

VISION 21 MANAGED EYE CARE OF TAMPA BAY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7209 BRYAN DAIRY RD.
LARGO FL 34647

Mailing Address

7209 BRYAN DAIRY RD.
LARGO FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 04/28/1994
4. FEI Number 59-3203060	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
7. This corporation has liability for intangible tax under s. 198.142, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent

GILLETTE, THEODORE N
7209 BRYAN DAIRY RD.
LARGO FL 34647

10. Name and Address of New Registered Agent

01. Name	
02. Street Address (P.O. Box Number is Not Acceptable)	
03. City	
04. State	FL
05. Zip Code	

11. Pursuant to the provisions of Sections 607.0803 and 607.1504, 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 607.1504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent, Change Registered Agent, or Change Registered Office)

(Signature of Registered Agent, Change Registered Agent, or Change Registered Office)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D GILLETTE, THEODORE N. 7209 BRYAN DAIRY RD. LARGO FL	1. NAME	☒ Change ☐ Addition D P Gillette, Theodore N 7209 Bryan Dairy Rd Largo FL 34647
STREET ADDRESS		2. NAME	☐ Change ☒ Addition D V Sanchez, Richard 7209 Bryan Dairy Rd Largo FL 34647
CITY, ST, ZIP		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		12. NAME	☐ Change ☐ Addition
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		15. NAME	☐ Change ☐ Addition
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		18. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 198.142, Florida Statutes. I further certify that the information included in 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. I am aware of the consequences of this statement and the consequences of furnishing false information to execute this report as required by Chapter 198, Florida Statutes, and that my name appears in Block 1, or Block 13, or both, of this report as required by Chapter 198, Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore N. Gillette

4/28/95

813-545-4300