

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000077614 (4)

1. Corporation Name

RIVER RUN FAMILY EYE CARE CENTER, INC.



Principal Place of Business

Mailing Address

9939 MIRAMAR PARKWAY  
MIRAMAR FL 33025

9939 MIRAMAR PARKWAY  
MIRAMAR FL 33025

3. Date Incorporated or Qualified

11/02/1993

3a. Date of Last Report

07/25/1995

4. FEI Number

65-0446305

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

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANNON, MARC J  
20827 SONRISA WAY  
BOCA RATON FL

81. Name

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

83.

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
GANNON, MARC J  
20827 SONRISA WAY  
BOCA RATON FL 33433

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
DEFLORIO, ROBERT  
9939 MIRAMAR PARKWAY  
MIRAMAR FL 33025

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

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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 set forth 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 it was made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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

Date

8/2/96

Date

Daytime Phone #

CR2E034 (3/96)