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 # **P93000078415 (5)**

1. Corporation Name

NORTH FLORIDA EYE INSTITUTE, P.A.

Principal Place of Business	Mailing Address
3009 4TH ST MARIANNA FL 32446 US	3009 4TH ST MARIANNA FL 32446 US

3. Date Incorporated or Qualified: **11/12/1993**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **65-0449421** [ ] 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

ROSEN, SEYMOUR R MD
3009 4TH ST
MARIANNA FL 32446

10. Name and Address of New Registered Agent

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 Section 607.0502, Florida Statutes, the undersigned 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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, SEYMOUR R MD 3009 4TH ST MARIANNA FL	[ ] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP	[ ] Change [ ] Addition
101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP	[ ] Change [ ] Addition
111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP	[ ] Change [ ] Addition
121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP	[ ] Change [ ] Addition
131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP	[ ] Change [ ] Addition
141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this report is true, complete and accurate, and that this report does not amend or supplement a report filed more than 90 days prior to the date this report is filed with the Department of State. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with all other like empowered.

SIGNATURE: Seymour R. Rosen M.D. 1/17/96 (904)526-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)