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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400004116 (7)

VERO EYE CENTER, INC.

Principal Place of Busines	S
70 ROYAL PAL BLVD. VERO BEACH EL 32990	

Mailing Address

70 ROYAL PAL BLVD. VERO BEACH FL 32960-4256

FILED Mar 07 1997 8:00am Secretary of State



		VEHO BEACH FL 329804	M230		·		·
					3. Date Incorporated or Qualified 01/07/1994	3a. Date of 04/30/1	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0562646		Not Applicabl
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & Stat 23	e	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Cou	intry	8. This corporation has liability for	····	
24	25	29	30			Yes 🛣 No	
<u></u>	9. Name and Address of Currer				10. Name and Address of New Re		
RRA	INIGAN, EDWARD S III			81 Name			
	ROYAL PAL BLVD.				(0.0.0	.1-5	
	O BEACH FL 32960			82 Street Addr	ress (P.O. Box Number is Not Acceptat	ие)	
Terr	O DENOTITE GEOGR	-		83			
				84 City	•	FL 85	Zip Code
11 Pureugnt	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the a	hove-named corr	poration submits this statement for the p	uroose of char	naina its reaisterea
	registered agent, or both, in the State om familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607,0505, F	authorize lorida Stal	d by the corporat tutes.	tion's board of directors. I hereby accep	ot the appointm	ent as registered
SIGNATURE	Signature Typed or primed nanie of registered ag-	ent and title Lappicable. (NO	YE: Registere	d Agent signature requi	ired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRI	ECTORS IN 12
TITLE	DP	DELETE	1.1 Ti	TLE		C	hange 🔲 Additio
NAME	Branigan, Edward S III, MI		1.2 N	AME	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	70 ROYAL PAL BLVD.		1.3 \$	TREET ADDRESS			
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TILE	DVST	D.C. ETC		······			1 2 2 2 2 2
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STREET ADDRESS CHY-ST-ZIP THLE NAME	CAIN, RONALD J DDS 70 ROYAL PAL BLVD.	☐ DELETE	22 N. 23 S 2 4 C 31 TI 32 N. 33 S 34 C 41 TI 4 2 N. 43 S 44 C 51 TI 52 N. 63 S	TREET ADDRESS CITY-SI-ZIP IPLE AMME TREET ADDRESS CITY-SI-ZIP ITLE VAIME TREET ADDRESS ATTY-SI-ZIP ITLE AMME TREET ADDRESS ATTY-SI-ZIP ITLE AMME TREET ADDRESS ITY-SI-ZIP ITLE AMME TREET ADDRESS ITY-SI-ZIP ITLE			Change Addition

I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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



2/28/97

Daytime Phone •