FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400004785

Country

9. Name and Address of Current Registered Agent

1. Corporation Name

ST. JOHNS EYE CARE, PROFESSIONAL ASSOCIATION

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2504 CRILL AVENUE PALATKA FL 32177

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Zip

2504 CRILL AVENUE PALATKA FL 32177

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90080 036 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/10/1994 4, FEI Number Applied For 59-3231099 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible ДNо Personal Property Tax. ☐ Yes

DEPUTY, GERALD R O.D. 440 LAKE ASBURY DRIVE **GREEN COVE SPRINGS FL 32043**

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	IV. Haille and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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l	
84	City El 85 Zip Code

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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	Derald K Wester Ul	b							
12.	Signature, typed or printed name 5-registred agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: R	egistered Agent signature r		DATE				
TITLE		☐ DELETE	13.	ADDITIONS/CHANGES TO OFFICE					
1	DI 1	□ DECE IE	1.1 TITLE			hange	☐ Addition		
NAME	DEPUTY, GERALD R O.D.		1.2 NAME						
STREET ADDRESS	440 LAKE ASBURY DRIVE		1.3 STREET ADDRESS						
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		1.4 CITY+ST-ZIP						
TITLE	DVS	☐ DELETE	2.1 TITLE		CI	hange	☐ Addition		
NAME	LENNON, JOHN JR.		2.2 NAME						
STREET ADDRESS	704 SEABROOK COVE ROAD		2.3 STREET ADDRESS	•			J		
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP				•		
TITLE		DELETE	3.1 TITLE		C	nange	☐ Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		
TITLE	i (DELETE	4.1 TITLE			ange	Addition		
NAME	•		4. 2 NAME				1		
STREET ADDRESS			4.3 STREET ADDRESS				1		
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE		□ Cr	ange	☐ Addition		
NAME .			5.2 NAME				=		
STREET ADDRESS			5.3 STREET ADDRESS			**	` -]		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				}		
TITLE		DELETE	6.1 TITLE		☐ Ch	ange	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP				ł		

Country

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14. I 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, with all other like empowered.

SIGNATURE:

Daytime Phone #