

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 045 ***150.00

DOCUMENT # P94000021512

1. Corporation Name

KEY LARGO MEDICAL & SURGICAL EYE CENTER, INC.

Principal Place of Business

103400 OVERSEAS HWY

SUITE 239

KEY LARGO FL 33037

US

Mailing Address

P.O. BOX 3349

KEY LARGO FL 33037-8349

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

4. FEI Number

65-0468981

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 101415 Overseas Hwy

Suite, Apt. #, etc.

22 #201

City & State

23 Key Largo

Zip

24 FL

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

ROE, LARRY D MD

103400 OVERSEAS HWY

STE 239

KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

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

101415 Overseas Hwy Suite #201

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 title if applicable

L.D. IAN ROE, M.D., President

DATE

1-10-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROE, LARRY D MD

STREET ADDRESS 103400 OVERSEAS HWY STE 239

CITY-ST-ZIP KEY LARGO FL

TITLE ☐ DELETE

NAME ROE, EARL D

STREET ADDRESS 103400 OVERSEAS HWY #239

CITY-ST-ZIP KEY LARGO FL

TITLE ☐ DELETE

NAME ROE, THELMA

STREET ADDRESS 103400 OVERSEAS HWY #239

CITY-ST-ZIP KEY LARGO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 101415 Overseas Hwy, Suite 201

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99 (205) 453-9090

CR2E034 (11/98)

0150694