FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031706 (2)**

1. Corporation Name

FLORIDA EYECARE NETWORK, INC.

Principal Place of Business	Mailing Address
3020 HARTLEY ROAD SUITE 190 JACKSONVILLE FL 32257	3020 HARTLEY ROAD SUITE 190 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

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:

4. FEI Number: 59-3246728 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RAX CO.
3400 BARNETT CENTER
50 N. LAURA STREET
JACKSONVILLE FL 32202

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 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: E Wolchuk MD Eugene B Wolchuk 4/11/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, VIVIAN	12 NAME	
STREET ADDRESS	4205 BELFORT ROAD, SUITE 3030	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, C.M.	22 NAME	
STREET ADDRESS	2023 PROFESSIONAL CENTER DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	KNAUER, WILLIAM J III	32 NAME	Wolchuk Eugene B
STREET ADDRESS	2535 RIVERSIDE AVE.	33 STREET ADDRESS	3636 University Blvd South
CITY ST ZIP	JACKSONVILLE FL 32204	34 CITY ST ZIP	Jacksonville FL 32216
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAMBROU, FRED H	42 NAME	
STREET ADDRESS	1801 BARRS STREET, SUITE 715	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32204	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHNIPPER, ROBERT I	52 NAME	
STREET ADDRESS	2001 COLLEGE STREET	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32204	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SINGAL, RONALD	62 NAME	
STREET ADDRESS	3020 HARTLEY ROAD, SUITE 190	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32257	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: E Wolchuk 4/11/95 (904) 239-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eugene B. Wolchuk

0082080 CP