

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000031706

1. Corporation Name

FLORIDA EYECARE NETWORK, INC.

Principal Place of Business

3020 Hartley Road  
Suite 190  
Jacksonville, FL 32257

Mailing Address

3020 Hartley Road  
Suite 190  
Jacksonville, FL 32257

REINSTATEMENT

96-97  
ad

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3246728

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.	Allen, Vivian	4205 Belfort Rd., Ste. 3030	Jacksonville, FL 32216
D/S	Harris, C.M.	2023 Professional Center Dr.	Orange Park, FL 32073
D/T	Wolchok, Eugene B.	3636 University Blvd. So.	Jacksonville, FL 32216
D	Lambrou, Fred H.	1801 Barrs Street Suite 715	Jacksonville, FL 32204
D	Schnipper, Robert I.	2001 College Street	Jacksonville, FL 32204
D/P	Singal, Ronald	3020 Hartley Rd., Ste. 190	Jacksonville, FL 32257

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAX CO.  
c/o Mahoney Adams & Criser, P.A.  
50 N. Laura Street, 3400 Barnett Ctr.  
Jacksonville, FL 32202

Name

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

Suite, Apt. #, Etc.

City

100002158431--2

-04/29/97-01079-012

\*\*\*915.00 \*\*\*915.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Eugene B. Wolchok*

Halcyon E. Skinner, Pres.  
REGISTERED AGENT MUST SIGN

Date April 21, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Eugene B. Wolchok*

Eugene B. Wolchok, M.D.

04/21/97 (904) 739-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/96)

2 of 2

**7. Names and Street Addresses of Each Officer and/or Director (Continuation)**

- D Singal, Sheldon**  
**3020 Hartley Road**  
**Suite 190**  
**Jacksonville, FL 32257**
- D Stewart, Michael W.**  
**1801 Barrs Street, Suite 715**  
**Jacksonville, FL 32204**
- D Wilcox, John D.**  
**2023 Provoessional Center Drive**  
**Orange Park, FL 32073**