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Mar 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000031706 (2)

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

RAX CO.  
C/O MAHONEY ADAMS & CRISER, P.A.  
50 N. LAURA STREET  
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ALLEN, VIVIAN  
STREET ADDRESS 4205 BELFORT ROAD, SUITE 3030  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D  
NAME HARRIS, C.M.  
STREET ADDRESS 2023 PROFESSIONAL CENTER DR.  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE DT  
NAME WOLCHOK, EUGENE B.  
STREET ADDRESS 3838 UNIVERSITY BLVD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D  
NAME LAMBROU, FRED H  
STREET ADDRESS 1801 BARRS STREET, SUITE 715  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D  
NAME SCHNIFFER, ROBERT I  
STREET ADDRESS 2001 COLLEGE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE DP  
NAME SINGAL, RONALD  
STREET ADDRESS 3020 HARTLEY ROAD, SUITE 190  
CITY-ST-ZIP JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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)(l), 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:

*[Signature]*

2/25/98

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