

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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**

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90011 008 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1994

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Eugene B Wolchok MD**
82 Street Address (P.O. Box Number is Not Acceptable)
3636 University Blvd South
83 Suite **A 2**
84 City **Jacksonville FL** **85** Zip Code **32216**

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

9/8/99

OFFICERS AND DIRECTORS

12. ☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE **DT**
NAME **WOLCHOK, EUGENE B.**
STREET ADDRESS **3636 UNIVERSITY BLVD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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)(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: Eugene B Wolchok MD

RECEIVED
SEP 15 1999
FLORIDA DEPARTMENT OF STATE

9/8/99 (904) 7390606

CR2E034 (5/99)

0007128