FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000055986 (1)**

1. Corporation Name

CENTRAL FLORIDA OPHTALMOLOGY NETWORK, P.A.

Principal Place of Business
331 NO. MAITLAND AVENUE STE. B-2
MAITLAND FL 32751

Mailing Address
331 NO. MAITLAND AVENUE STE. B-2
MAITLAND FL 32751

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/25/1994**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **59-3256495** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, JILL S PA
180 PARK AVENUE NO.
STE. 200
WINTER PARK FL 32789

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 ______ 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	☐ DELETE
NAME	SCHWARTZ, MARC P. M.D.	
STREET ADDRESS	331 MAITLAND AVE.,SUITE B-2	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	☐ DELETE
NAME	GARVEY, JAMES M.D.	
STREET ADDRESS	1350 S. ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☒ DELETE
NAME	GUBER, DONALD M.D.	
STREET ADDRESS	41 W. KALEY ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	☐ DELETE
NAME	OKUN, NEIL J M.D.	
STREET ADDRESS	2501 ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32804	
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		
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		

CR2E034 (12/95)

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)(k), 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] MD MARC F. SCHWARTZ, MD 7/18/96 (407) 740-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #