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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087334 (6)**

1. Corporate Name
EYECARE MANAGEMENT OF FLORIDA, INC.

Principal Place of Business
9398-1 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32225

Mailing Address
9398-1 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date of Last Report: **11/28/1994**
3a. Date of Last Report:

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

4. FEI Number: **59-3289969**
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. Does corporation qualify for exemption tax under 501(c) of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNIGHT, JOHN E III
1301 RIVERPLACE BOULEVARD STE. 1609
JACKSONVILLE FL 32207

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 Section 607.0505 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name of the registered agent of this corporation as amended are as follows: Having accepted the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D Secretary
NAME	BRINK, THEODORE M OD
STREET ADDRESS	9398-1 ARLINGTON EXPRESSWAY
CITY, ST, ZIP	JACKSONVILLE FL 32225
TITLE	President
NAME	Robert M. Blum
STREET ADDRESS	2778 Cobb Parkway
CITY, ST, ZIP	Atlanta, GA 30339
TITLE	Vice President
NAME	Peter J. Moresi
STREET ADDRESS	2778 Cobb Pkwy
CITY, ST, ZIP	Atlanta, GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that the information contained in the annual report or supplemental annual report, that is required to be made pursuant to Section 607.0505 Florida Statutes, that is not required to be made pursuant to Section 607.0505 Florida Statutes, and that is not required to be made pursuant to Section 607.0505 Florida Statutes, and that is not required to be made pursuant to Section 607.0505 Florida Statutes, and