FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000090717 (7)

DAYTONA OPHTHALMIC SERVICES, INC.

Principal Place of Business	Mailing Address
1620 MASON AVENUE SUITE A DAYTONA BEACH FL 32117	1620 MASON AVENUE SUITE A DAYTONA BEACH FL 32117

3. Date Incorporated: 12/14/1994

4. FEI Number: 59-3293248 — [ ] 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. The corporation has tangible/intangible tax under s. 199 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DIGAETANO, MARGARET MD
1620 MASON AVENUE
SUITE A
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

12. OFFICERS AND DIRECTORS

Title	President
Name	Margaret DiGaetano
Street Address	1620 Mason Ave Suite A
City-St-Zip	Daytona Beach FL 32117
Title	Vice President
Name	John Hirsch
Street Address	17 Hawkes St
City-St-Zip	Marblehead Mass. 01941
Title	Vice President
Name	Ron Zola
Street Address	17 Hawkes St
City-St-Zip	Marblehead Mass 01941

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/20/95 904 274 5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0011673 CP

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
95 JUL 21 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/27/95--01075--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000090720 (1)

1. Corporation Name: MULLIS EYE INSTITUTE, INC.

Principal Place of Business: 1600 JENKS AVENUE, PANAMA CITY FL 32402

Mailing Address: 1600 JENKS AVENUE, PANAMA CITY FL 32402

3. Date Incorporated or Qualified: 12/14/1994

3a. Date of Last Report:

4. FEI Number: 59-3286216 — 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: X Yes / No

2. Principal Place of Business (21–25) / 2a. Mailing Address (26–30): Suite, Apt. # etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

LUZNY, DEBORAH
1600 JENKS AVENUE
PANAMA CITY FL 32402

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: Deborah Luzny — 4-15-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: President; Name: Lee Mullis; Street Address: PO Box 730 (N-A); City-St-Zip: Panama City Fl 32405	No changes or Additions
Title: Vice President; Name: Lee Mullis; Street Address: P.O. Box 730 (N-A); City-St-Zip: Panama City Fl 32405	No changes or Additions
Title: Secretary; Name: Lee Mullis; Street Address: P.O. Box 730 (N-A); City-St-Zip: Panama City Fl 32405	No changes or Additions
Title: Treasurer; Name: Lee Mullis; Street Address: P.O. Box 730 (N-A); City-St-Zip: Panama City Fl 32405	No changes or Additions
No other officers	No changes or Additions
T.S. 7/21/95 No others officers	No changes or Additions

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, with all other like empowered.

SIGNATURE: ~~Deborah Luzny~~ Lee Mullis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7-15-95 ~~4-1-95~~ — 904-763-6666

0030022 CP