

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 # P95000005812 (9)

1. Corporation Name

CENTRAL FLORIDA EYE SUBSPECIALISTS, INC.



Principal Place of Business

44 LAKE BEAUTY DRIVE  
ORLANDO FL 32806

Mailing Address

44 LAKE BEAUTY DRIVE  
ORLANDO FL 32806

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

CORSO, STEVE  
44 LAKE BEAUTY DRIVE  
ORLANDO FL 32806

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 replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
D SEDWICK, LYNN  
STREET ADDRESS  
1900 N. ORANGE AVE.  
CITY- ST- ZIP  
ORLANDO FL 32804

☐ DELETE

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

TITLE  
NAME  
D LUGO, MIGUEL  
STREET ADDRESS  
661 ALTAMONTE DR., STE. 216  
CITY- ST- ZIP  
ALTAMONTE SPRINGS FL 32701

☐ DELETE

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

TITLE  
NAME  
D KROPP, THOMAS M  
STREET ADDRESS  
305 EAST NEW YORK AVE.  
CITY- ST- ZIP  
DELAND FL 32724

☐ DELETE

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

TITLE  
NAME  
D OLSON, JOHN C  
STREET ADDRESS  
44 LAKE BEAUTY DR., STE. 300  
CITY- ST- ZIP  
ORLANDO FL 32806

☐ DELETE

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

TITLE  
NAME  
D SHUSTER, JERRY  
STREET ADDRESS  
1900 N. ORANGE AVE.  
CITY- ST- ZIP  
ORLANDO FL 32804

☐ DELETE

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

TITLE  
NAME  
D CORSO, STEVE  
STREET ADDRESS  
44 LAKE BEAUTY DR., STE. 300  
CITY- ST- ZIP  
ORLANDO FL 32806

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
☐ Change ☐ Addition

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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE CORSO

3/8/96

407.425.7188

DAY

Daytime Phone #

CR2E034 (12/95)