FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013298

Country

9. Name and Address of Current Registered Agent

VISION REHABILITATION STRATEGIES, INC.

Principal Place of Busin	e:
2668 WINKLER AVENUE	
FT MYERS FL 33901	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

2668 WINKLER AVENUE FT MYERS FL 33901

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90040 020 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/16/1995 4. FEI Number Applied For 65-0555404 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax.

KELLEY, MICHAEL J 2668 WINKLER AVENUE FT MYERS FL 33901

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	10. Name and Address of New Registered Agent								
81	Name								
82	Street Address (P.O. Box Number is Not Acceptable)								
83									
84	City	FI	85	Zip Code					

		64 City	FL		0000					
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 abligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed of printegrame/of regristered agent and title if applicable (NOTE. S	egistered Agent signature requ	urred when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12					
TITLE	D DELETE	1,1 TITLE		Change	Addition					
NAME	FLETCHER, DONALD C	1.2 NAME								
STREET ADORESS	2668 WINKLER AVENUE	1.3 STREET ADDRESS								
CiTY-ST-ZiP	FT MYERS FL 33901	1.4 CITY-ST-ZIP								
TITLE	D DELETE	2.1 TITLE		Change	Addition					
NAME	KELLEY, MICHAEL J	2.2 NAME			ĺ					
STREET ADDRESS	2668 WINKLER AVENUE	2.3 STREET ADDRESS								
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP								
TITLE	☐ DELETE	3.1 TITLE		Change	Addition					
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	☐ DELETE	4.1 TITLE		Change	Addition					
NAME		4. 2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	□ OELETE	5.1 TITLE		Change	Addition					
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP		r 7 ch	. □ Addision					
TITLE	☐ DELETE	61 TITLE		Change	Addition					
NAME:		6 2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP								

Country

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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 attachmen with an address, with all other like empowered

SIGNATURE: