FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # **P95000036955 (9)**

1. Corporation Name
VISION HEALTH CARE, INC.

Principal Place of Business
200 LAURA STREET
JACKSONVILLE FL 32202

Mailing Address
200 LAURA STREET
JACKSONVILLE FL 32202-3500

3. Date Incorporated or Qualified: **05/09/1995**
3a. Date of Last Report: **06/21/1996**

2. Principal Place of Business
21 1511 N. WESTSHORE BLVD.
Suite, Apt. #, etc.
22 #1000
City & State
23 TAMPA, FL
Zip 24 33607-4523 Country 25 USA

2a. Mailing Address
26 P. O. BOX 30349
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FL
Zip 29 33630-3349 Country 30 USA

4. FEI Number: **59-3356439** ☐ 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**
F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BRAVERMAN, HOWARD	1.2 NAME	
STREET ADDRESS	100 W BAY ST	1.3 STREET ADDRESS	1935 E. Hallandale Beach Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIANE, PETER D	2.2 NAME	
STREET ADDRESS	100 W BAY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ANDREWS, JAMES W	3.2 NAME	
STREET ADDRESS	100 W BAY ST	3.3 STREET ADDRESS	5062 Mobile Hwy.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	S ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	FISHER, ALAN P	4.2 NAME	
STREET ADDRESS	100 W BAY ST	4.3 STREET ADDRESS	2025 E. Edgewood Drive
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	T ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	NABERHAUS, TERRANCE W	5.2 NAME	
STREET ADDRESS	100 W BAY ST	5.3 STREET ADDRESS	2420 S. Babcock Street
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: 1/00/97 904 356 9431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #