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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000036955 (9)**

1. Corporation Name
VISION CARE, INC.

Principal Place of Business	*Mailing Address*
1511 N WESTSHORE BLVD SUITE 1000 TAMPA FL 33607-4523 US	P O BOX 30349 TAMPA FL 33630-3349 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1995

2. Principal Place of Business	2a. Mailing Address
21 5775 Blue Lagoon Dr.	26 5775 Blue Lagoon Dr.
Suite, Apt. #, etc. 22 400	Suite, Apt. #, etc. 27 400
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33126 / 25 U.S.A.	Zip / Country 29 33126 / 30 U.S.A.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
F&L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	81 Name: Henry C. Tie Shue 82 Street Address (P.O. Box Number is Not Acceptable): 5775 Blue Lagoon Drive #400 83 84 City: Miami FL 85 Zip Code: 33126

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 _____ (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	P	☒ Change ☐ Addition
NAME	BRAVERMAN, HOWARD		1.2 NAME	Braverman, Howard	
STREET ADDRESS	1935 E HALLANDALE BCH BLVD		1.3 STREET ADDRESS	1511 North Westshore Blvd. #1000	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	Tampa, Fl. 33630	
TITLE	P	☒ DELETE	2.1 TITLE	D/C	☐ Change ☒ Addition
NAME	LIANE, PETER D		2.2 NAME	Tie Shue, Henry C.	
STREET ADDRESS	100 W BAY ST		2.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	VP	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDREWS, JAMES W		3.2 NAME	Shapiro, Stanley I.	
STREET ADDRESS	5062 MOBILE HWY		3.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	S	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FISHER, ALAN P		4.2 NAME	Young, Bruce A.	
STREET ADDRESS	2025 E EDGEWOOD DR		4.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	T	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	NABERHAUS, TERRANCE W		5.2 NAME	Levine, Howard	
STREET ADDRESS	2420 S BABCOCK ST		5.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	Berman, Marla I.	
STREET ADDRESS			6.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, Fl. 33126	

CR2E034 (10/97)

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.

SIGNATURE:

13. Additions/Changes to Officers and Directors in 12.

1.1. Title	D
1.2. Name	Breier, Robert G.
1.3. Street Address	1320 South Dixie Highway, Suite 830
1.4. City-St-Zip	Coral Gables, Fl. 33146
1.5. Title	D
1.6. Name	Gorman, Michael A.
1.7. Street Address	50 Kennedy Plaza
1.8. City-St-Zip	Providence, RI 02903
1.9. Title	D
1.10.Name	Hilinski, Scott F.
1.11.Street Address	50 Kennedy Plaza
1.12.City-St-Zip	Providence, RI 02903