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
1511 N WESTSHORE BLVD
SUITE 1000
TAMPA FL 33607-4523
US

Mailing Address
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
21 5775 Blue Lagoon Dr.
Suite, Apt. #, etc.
22 400
City & State
23 Miami, Fl.
Zip 24 33126 Country 25 U.S.A.

2a. Mailing Address
26 5775 Blue Lagoon Dr.
Suite, Apt. #, etc.
27 400
City & State
28 Miami, Fl.
Zip 29 33126 Country 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
F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
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: Signature of new or former registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	BRAVERMAN, HOWARD	
STREET ADDRESS	1935 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	☒ DELETE
NAME	LIANE, PETER D	
STREET ADDRESS	100 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	☒ DELETE
NAME	ANDREWS, JAMES W	
STREET ADDRESS	5062 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	☐ DELETE
NAME	FISHER, ALAN P	
STREET ADDRESS	2025 E EDGEWOOD DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	☐ DELETE
NAME	NABERHAUS, TERRANCE W	
STREET ADDRESS	2420 S BABCOCK ST	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Braverman, Howard	
1.3 STREET ADDRESS	1511 North Westshore Blvd. #1000	
1.4 CITY-ST-ZIP	Tampa, Fl. 33630	
2.1 TITLE	D/C	☐ Change ☒ Addition
2.2 NAME	Tie Shue, Henry C.	
2.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
2.4 CITY-ST-ZIP	Miami, Fl. 33126	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Shapiro, Stanley I.	
3.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
3.4 CITY-ST-ZIP	Miami, Fl. 33126	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Young, Bruce A.	
4.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
4.4 CITY-ST-ZIP	Miami, Fl. 33126	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Levine, Howard	
5.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
5.4 CITY-ST-ZIP	Miami, Fl. 33126	
6.1 TITLE	S	☐ Change ☒ Addition
6.2 NAME	Berman, Marla I.	
6.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
6.4 CITY-ST-ZIP	Miami, Fl. 33126	

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:

CR2E034 (10/97)

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