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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000047555 (4)

1. Corporation Name
OCALA EYE SURGERY CENTER, INC.



Principal Place of Business

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA FL 34471

Mailing Address

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA FL 34471-4497

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3323478

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

SCHWENK, GORDON C M.D.
1500 S.E. MAGNOLIA EXTENSION, STE. 106
OCALA FL 34471

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

TITLE ☒ DELETE
NAME SCHWENK, GORDON C M.D.
STREET ADDRESS 1500 S.E. MAGNOLIA EXTENSION, SUITE 106
CITY - ST - ZIP Ocala FL 34471

TITLE ☒ DELETE
NAME DEATON, JOHN S D.O.
STREET ADDRESS 1500 S.E. MAGNOLIA EXTENSION, SUITE 106
CITY - ST - ZIP Ocala FL 34471

TITLE ☒ DELETE
NAME WARREN, RICHARD C M.D.
STREET ADDRESS 1500 S.E. MAGNOLIA EXTENSION, SUITE 106
CITY - ST - ZIP Ocala FL 34471

TITLE ☒ DELETE
NAME JANK, MARK A M.D.
STREET ADDRESS 1500 S.E. MAGNOLIA EXTENSION, SUITE 106
CITY - ST - ZIP Ocala FL 34471

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Michael Morris MD ☒ Change ☒ Addition
1.2 NAME 1500 S E Magnolia Ext Ste 106
1.3 STREET ADDRESS Ocala FL 34471
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME Schwenk, Gordon C, MD
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE VP Deaton, John S, DO ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE VP Warren, Richard C MD ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME JANK, MARK A, MD
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)