

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 # P95000047555

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

FILED
Feb 04, 1999 8:00am
Secretary of State

02-04-1999 90013 020 *****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

59-3323478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE
NAME P
STREET ADDRESS SCHWENK, GORDON C M.D.
CITY-ST-ZIP 1500 S.E. MAGNOLIA EXTENSION, SUITE 106
OCALA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME VP
STREET ADDRESS DEATON, JOHN S D.O.
CITY-ST-ZIP 1500 S.E. MAGNOLIA EXTENSION, SUITE 106
OCALA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME T
STREET ADDRESS MORRIS, MICHAEL
CITY-ST-ZIP 1500 SE MAGNOLIA EXT STE 106
OCALA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED TO SCHWENK

1/19/99

(352) 622-5183

Date

Daytime Phone #

CR2E034 (1/1/98)