FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000058480 (1)

1. Corporation Name
AMERICAN OPHTHALMIC OF CENTRAL FLORIDA, INC.

Principal Place of Business
250 SOUTH PARK AVENUE
SUITE 600
WINTER PARK FL 32789

Mailing Address
250 SOUTH PARK AVENUE
SUITE 600
WINTER PARK FL 32789

3. Date Incorporated or Qualified: 07/27/1995
3a. Date of Last Report

4. FEI Number: 59-3326963 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHATLEY, THOMAS R JR.	
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE
NAME	BILLING, MITCHELL G	
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	☐ Change ☒ Addition
1.2 NAME	Michael E. Grubbe	
1.3 STREET ADDRESS	250 S. Park Ave., #600	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Thomas R. Whatley, Jr.	
2.3 STREET ADDRESS	250 S. Park Ave., #600	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE	VP/Secretary	☐ Change ☒ Addition
3.2 NAME	Mitchell G. Billing	
3.3 STREET ADDRESS	250 S. Park Ave., #600	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE	VP/ Treasure	☐ Change ☒ Addition
4.2 NAME	Connie G. Fraley	
4.3 STREET ADDRESS	250 S. Park Ave., #600	
4.4 CITY-ST-ZIP	Winter Park, FL 32789	
5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
5.2 NAME	Kathryn L. Sweers	
5.3 STREET ADDRESS	250 S. Park Ave., #600	
5.4 CITY-ST-ZIP	Winter Park,FL 32789	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	200001763322	
6.3 STREET ADDRESS	-03/29/96--01108--005	
6.4 CITY-ST-ZIP	***208.75	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Connie G. Fraley Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/8/96 Daytime Phone #: 407/647-5000