FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 18 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058480 (1)**

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

Principal Place of Business	Mailing Address
250 SOUTH PARK AVENUE SUITE 600 WINTER PARK FL 32789	250 SOUTH PARK AVENUE SUITE 600 WINTER PARK FL 32789-4388

3. Date Incorporated or Qualified: 07/27/1995
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21 5430 LBJ FREEWAY
22 Suite, Apt. #, etc.: STE 1540
23 City & State: DALLAS TX
24 Zip: 75240 25 Country: USA

2a. Mailing Address
26 5430 LBJ FREEWAY
27 Suite, Apt. #, etc.: STE 1540
28 City & State: DALLAS TX
29 Zip: 75240- 30 Country: USA

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

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: NRAI SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 526 E PARK AVE
83
84 City: TALLAHASSE FL 85 Zip Code: 323789

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)

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHATLEY, THOMAS R JR. 250 SOUTH PARK AVENUE, SUITE 600 WINTER PARK FL 32789	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/SOLE DIRECTOR EMMETT E.MOORE 5430 LBJ FREEWAY, STE.1540 ~~DALLAS, TX 75240~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILLING, MITCHELL G 250 SOUTH PARK AVENUE, SUITE 600 WINTER PARK FL 32789	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT/SECRETARY RICHARD J. DAMICO 5430 LBJ FREEWAY, STE.1540 ~~DALLAS, TX 75240~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRUBBE, MICHAEL E 250 S. PARK AVE., #600 WINTER PARK FL 32789	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT OF OPERATIONS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WHATLEY, THOMAS R JR 250 S PARK AVE., #600 WINTER PARK FL 32789	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VICE PRESIDENT RICHARD M.OWEN 5430 LBJ FREEWAY, STE.1540 DALLAS, TX 75240	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP S BILLING, MITCHELL G 250 S. PARK AVE., #600 WINTER PARK FL 32789	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FRALEY, CONNIE G 250 S. PARK AVE., #600 WINTER PARK FL 32789	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Richard M. Owen REQUIRED 3-1-97 (972) 982-8264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073096