

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 # P95000062167 (8)

1. Corporation Name

TAMPA EYE INSTRUMENTS, INC.



Principal Place of Business

1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

Mailing Address

1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

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

ROWSEY, J. JAMES M.D.
1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

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 PD ☐ DELETE

NAME ROWSEY, J. JAMES
STREET ADDRESS 1000 S. HARBOR ISLAND BLVD., UNIT 2605
CITY-ST-ZIP TAMPA FL 33602

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME FOURAKER, BRADLEY D M.D.
STREET ADDRESS 4905 BAYWAY
CITY-ST-ZIP TAMPA FL 33629

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME STEVENS, SCOTT X M.D.
STREET ADDRESS 1801 RICHARDSON PLACE
CITY-ST-ZIP TAMPA FL 33606

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME BOWYER, BARRY L M.S.
STREET ADDRESS 1754 GROVE DRIVE
CITY-ST-ZIP CLEAWATER FL 34619

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)