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

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DOCUMENT #	P95000062167	(8)

1. Corporation	Fivame	•	•			
TAMPA	EYE INSTRUMENTS, INC.					
Principal Place	of Business	Mailing Address				
1000 S. HARBOR ISLAND BLVD. UNIT 2605 TAMPA FL 33602 1000 S. HARBOR ISLAND UNIT 2605 TAMPA FL 33602		ND BLVD.				
			3. Date Incorporated or Qualified 08/11/1995	3a. Dai	e of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3345490		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing		\$5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
<i>Z</i> ip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible t	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered	Agent
			B1 Name			
ROWSEY	, J. JAMES M.D.		20 0	(D.O. C. N		
	HARBOR ISLAND BLVD.		82 Street Add	fress (P.O. Box Number is Not Acceptate	ole)	
UNIT 260	· · · · · · · · · · · · · · · · · · ·		83			
TAMPA F						
17 11411 73 1	C 00002		84 City		EI	85 Zip Code
11. Pursuant t	a the provisions of Sections 607,0502	and 607.1508. Florida Statur	tes, the above-pamed corpo	pration submits this statement for the pu	roose of ct	anging its registered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	da. Such change was authori:	zed by the corporation's boa	and of directors. Thereby accept the app	ointment a	s registered agent, I am
	in, and accept the obligations of, Sec.	tion our losos, Florida Statute	S.			
SIGNATURE _	Signature typed or printed name of registered agers	t and title if applicable. (No	OTE: Registered Agent signature require	eo when reinstatino	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 TITLE			Change Addition
NAME	ROWSEY, J. JAMES		1.2 NAME			
STREET ADDRESS	1000 S. HARBOR ISLAND BL	VD., UNIT 2805	1.3 STREET ADDRESS			
CITY-ST-ZiP	TAMPA FL 33602		1.4 CITY-ST-ZIP			
THTLE	VD	☐ DELETE	2. 1 TITLE		-	Change Addition
NAME	FOURAKER, BRADLEY D M.D	 1.	2.2 NAME		,	
STREET ADDRESS	4905 BAYWAY		2 3 STREET ADDRESS			
City-St-ZiP	TAMPA FL 33629		24 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	3 1 TITLE			Change Addition
NAME	STEVENS, SCOTT X M.D.	<u>-</u>	3.2 NAME			
STREET ADDRESS	1801 RICHARDSON PLACE		3.3 STREET ADDRESS			
CI1Y-ST-ZIP	TAMPA FL 33606		34 CHY-SI-ZIP			
TITLE	TD	DELETE	4 1 TITLE	TO MAKE AND A STATE OF THE STAT		Change Addition
NAME	BOWYER, BARRY L M.S.	•	4.2 NAME		'	
STREET ADDRESS	1754 GROVE DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEAWATER FL 34619		4.4 CITY-ST-ZIP			
TITLE		DELETE	5. 1 TiTLE	······································		Change Addition
NAME			5.2 NAME		'	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME					١	☐ vonise ☐ vonises
			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - S1 - ZIP			

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:

GRATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICE OR DIRECTOR

Q1/38/96 813-223/617

CR2E034 (12/95