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 # **P95000074851 (3)**

1. Corporation Name

QUALITY EYE CARE, INC.

Principal Place of Business

3363 SHERIDAN ST., SUITE 204
HOLLYWOOD FL 33021

Mailing Address

3363 SHERIDAN ST., SUITE 204
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: **09/28/1995**

3a. Date of Last Report:

4. FEI Number: 65-0611796 — 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. #
22 City & State
23 Zip 24 County 25

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

9. Name and Address of Current Registered Agent

JACOBSON, JAMES
3363 SHERIDAN ST., SUITE 204
HOLLYWOOD FL 33021

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 Section 607.0505 of the 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 duly authorized. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

DATE

12. FOR PROPER OFFICERS AND DIRECTORS

TITLE	D
NAME	DUFFNER, LEE
STREET ADDRESS	3363 SHERIDAN ST., SUITE 204
CITY, ST, ZIP	HOLLYWOOD FL 33021

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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-03/29/96--01015--024
***200.00

14. I hereby certify that the information indicated on this report or supplemental report, including business purpose, is accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors, where applicable.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee R Duffner

19 Mar96 95492527 40

CR2E034 (12/95)

3-28-96