

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90002 034 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096215

1. Corporation Name

OPTOMETRIC PHYSICIAN SERVICES, P.A.

Principal Place of Business
3730 HIGHWAY 98 NORTH
LAKELAND FL 33809

Mailing Address
3730 HIGHWAY 98 NORTH
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1995

2. Principal Place of Business

21 **3851 1st Street East**

Suite, Apt. #, etc.

22

City & State

23 **Bradenton, FL**

Zip

24 **33511**

Country

25

2a. Mailing Address

26 **3581 1st Street East**

Suite, Apt. #, etc.

27

City & State

28 **Bradenton, FL**

Zip

29 **33511**

Country

30

4. FEI Number

59-3352047

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SIMEON, RONALD H
3730 HIGHWAY 98 NORTH
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3581 1st STREET EAST

83

84 City

BRADENTON

FL

85 Zip Code

34208

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

TITLE **PD** ☐ DELETE

NAME **SIMEON, RONALD H**
STREET ADDRESS **3730 HIGHWAY 98 NORTH**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **ST** ☐ DELETE

NAME **DAL SANTO, DIANA**
STREET ADDRESS **3730 HIGHWAY 98 NORTH**
CITY-ST-ZIP **LAKELAND FL 33809**

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 **PD** ☒ Change ☐ Addition

1.2 NAME **Simeon, Ronald**
1.3 STREET ADDRESS **3581 1st Street East**
1.4 CITY-ST-ZIP **Bradenton, FL 33511**

2.1 TITLE **ST** ☒ Change ☐ Addition

2.2 NAME **Simeon, Diana**
2.3 STREET ADDRESS **3581 1st Street East**
2.4 CITY-ST-ZIP **Bradenton, FL 33511**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE REQUIRED

7/24/99

941-746-4662

CR2E034 (5/99)

P95000096215
602611-90002-34

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Gentlemen,

Please accept our check for \$ 150.00 for our corporate annual report. The 2nd notice you sent us was the first one we received. We have always paid our tax on time and would have this year if we had received an annual report.

We changed the name and address of our Corporation during the 1998 year. (a copy of last years annual report is attached to show the name change.) This is one of many possible reasons why we never received the first report. It is possible the mail carrier didn't recognize the new name or the report was delivered to a wrong address.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. H. S.", followed by a horizontal line and a small flourish.