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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000097327 (7)

1. Corporation Name
PONTE VEDRA MEDICAL EYE CENTER, P.A.

Principal Place of Business
~~10151 DEERWOOD PARK BLVD.~~
~~SUITE 200, BUILDING 100~~
~~JACKSONVILLE FL 32256~~

Mailing Address
~~10151 DEERWOOD PARK BLVD.~~
~~SUITE 200, BUILDING 100~~
~~JACKSONVILLE FL 32256-0656~~



2. Principal Place of Business
21 221 Ponte Vedra Park Dr.
Suite, Apt #, etc.
22 City & State
23 Ponte Vedra Beach FL
Zip 32082 Country
24 32082 25 29 30

2a. Mailing Address
Same as
Principal
Place of Business

3. Date Incorporated or Qualified
12/20/1995
3a. Date of Last Report
03/12/1996
4. FEI Number
59-3350793
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
KOEGLER, STEVEN C
4055 CAMDEN RD
SUITE 200
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
83 Building 100, Suite 200
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
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date Daytime Phone #

CR2E034 (9/96)