

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012977 (0)

1. Corporation Name
SUNSHINE VISION NETWORK, INC.



Principal Place of Business % TAMPA EYE CLINIC 3000 W. DR. MARTIN LUTHER KING, JR. BLVD. TAMPA FL 33607	Mailing Address % TAMPA EYE CLINIC 3000 W. DR. MARTIN LUTHER KING, JR. BLVD. TAMPA FL 33607
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 02/08/1996	3a. Date of Last Report
4. FEI Number 59-3261082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KALISH, WILLIAM 101 E. KENNEDY BLVD. SUITE 4100 TAMPA FL 33602	
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10. Name and Address of New Registered Agent	
81 Name John B. Richardson Jr	
82 Street Address (P.O. Box Number is Not Acceptable) 3000 W. Dr. M. L. King	
83	
84 City TAMPA	85 Zip Code FL 33607

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 *John B. Richardson Jr* DATE **1-28-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	WEINSTOCK, STEPHEN M.D.
STREET ADDRESS	1345 WEST BAY DRIVE, SUITE 101
CITY-ST-ZIP	LARGO FL 34840
TITLE	<input type="checkbox"/> DELETE
NAME	KANTOR, ROBERT L M.D.
STREET ADDRESS	2111 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	<input type="checkbox"/> DELETE
NAME	HENDERSON, GREGORY L M.D.
STREET ADDRESS	403 VONDERBURG DRIVE
CITY-ST-ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> DELETE
NAME	LORENZEN, TIMOTHY R
STREET ADDRESS	300 MARTIN LUTHER KING, JR. BLVD.
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 addres.

SIGNATURE: *John B. Richardson Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR