

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 18 1997 8:00am
Secretary of State

DOCUMENT # P96000022802 (8)

1. Corporation Name
FOCUSED MANAGEMENT, INC.



Principal Place of Business
**1235 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

Mailing Address
**1235 SAN MARCO BLVD.
JACKSONVILLE FL 32207-8554**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

03/12/1996

3a. Date of Last Report

4. FEI Number

59-00003373003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

**F&L CORP.
200 LAURA ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **Bowden, Frank III, MD**

82 Street Address (P.O. Box Number is Not Acceptable)
1235 San Marco Blvd.

83 Suite 404

84 City **Jacksonville**

FL

85 Zip Code **32207**

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 **Frank Bowden, III, MD**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing change)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BOWDEN, FRANK III**
STREET ADDRESS **1235 SANMARCO BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE
NAME **COLUCCELLI, GERALD A MD**
STREET ADDRESS **1235 SANMARCO BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE
NAME **LEVENSON, JEFFREY H MD**
STREET ADDRESS **1235 SANMARCO BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE
NAME **SIMMONS, RICHARD L**
STREET ADDRESS **1235 SANMARCO BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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 **DP** ☒ Change ☐ Addition
1.2 NAME **Bowden, Frank III, MD**

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DV** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DS** ☒ Change ☐ Addition
4.2 NAME **Simmons, Richard L., MD**

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DT** ☐ Change ☒ Addition

5.2 NAME **Nicolitz, Ernst MD**
5.3 STREET ADDRESS **1235 San Marco Blvd.**
5.4 CITY-ST-ZIP **Jacksonville, FL 32207**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Adams, Charles, P. Jr, MD**
6.3 STREET ADDRESS **1235 San Marco Blvd.**
6.4 CITY-ST-ZIP **Jacksonville, FL 32207**

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

Frank Bowden, III, MD

4/30/97

911 3681347

CR2E034 (9/96)

EMPLOYER INFORMATION
BAPTIST EYE INSTITUTE

Plan Sponsor

Baptist Eye Institute, P.A.
1235 San Marco Blvd.
Jacksonville, FL 32207
Fed ID# 59-3080348
Telephone: 904-393-2020
Fax: 904-399-2662

Adopting Affiliated Employer

Focused Management, Inc.
1235 San Marco Blvd.
Jacksonville, FL 32207
Fed ID# 59-3373003
Telephone: 904-393-2020
Fax: 904-399-2662

Shareholders and Officers

	<u>Baptist Eye</u>		<u>Focused Management</u>	
	<u>Shareholder</u>	<u>Officer</u>	<u>Shareholder</u>	<u>Officer</u>
Charles P. Adams, Jr., M.D.	14.285	No	14.285	No
Frank W. Bowden, III, M.D.	14.285	President	14.285	President
Gerard A. Coluccelli, M.D.	14.285	No	14.285	Vice. Pres.
Jeffrey H. Levenson, M.D.	14.285	Vice Pres.	14.285	Vice. Pres.
Ernst Nicolitz, M.D.	14.285	No	14.285	Treasurer
Neil T. Shmunes, M.D.	14.285	Secretary	14.285	No
Richard L. Simmons, M.D.	14.285	No	14.285	Secretary

Profit Sharing Plan Trustees

Frank W. Bowden, III, M.D.
Gerard A. Coluccelli, M.D.
Richard L. Simmons, M.D.