

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

96 MAY 1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P96000032082

SPECTERA VISION SERVICES OF FLORIDA, INC.
(formerly United Eyecare of Florida, Inc.)

Principal Place of Business

Mailing Address

2811 Lord Baltimore Drive 2811 Lord Baltimore
Baltimore, Maryland 21244 Balto., Md 21244
US US

3. Date Incorporated or Qualified

06/03/1992

3a. Date of Last Report

02/23/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt #, etc

Suite Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

52-1780178

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

10. Name and Address of New Registered Agent

Katz, Kuter, Haigler, Alderman, Davis
Mar
KS & Rutledge, P.A.
106 E. College Ave., Suite 1200
Tallahassee, FL 32301

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 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 of Spectra Vision Services of Florida, Inc. and the Agent

Signature of Registered Agent (Signature required when both change)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME Camp, Oscar B MD
STREET ADDRESS 7560 Fairmont Ct.
CITY-STATE-ZIP Boca Raton, FL

TITLE STD
NAME Sedney, Blaise C
STREET ADDRESS 310 N Shamrock Rd.
CITY-STATE-ZIP Bel Air, Md

TITLE
NAME Hunter, Jon
STREET ADDRESS 1123 Briarcliff Rd., N.E.
CITY-STATE-ZIP Atlanta, GA 30306

TITLE VP
NAME Manchio, Laurence A
STREET ADDRESS 5300 Durham Rd.
CITY-STATE-ZIP Columbia, Md 21044

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

400001825694
-05/16/96--01139--010
****200.00 ****200.00

JP 5/14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Blaise C. Sedney 4/24/96

(410)265-6033

CR2E034 (12/95)