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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 18 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035475 (8)

1. Corporation Name

AMERICAN OPHTHALMIC OF TALLAHASSEE, INC.

Principal Place of Business

250 SOUTH PARK AVENUE, SUITE 600
WINTER PARK FL 32789

Mailing Address

250 SOUTH PARK AVENUE, SUITE 600
WINTER PARK FL 32789-4388

3. Date Incorporated or Qualified

04/23/1996

3a. Date of Last Report

4. FEI Number
59-3373950

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5430 LBJ FREEWAY
STE. 1540

26 5430 LBJ FREEWAY
STE. 1540

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 DALLAS, TX

City & State

28 DALLAS, TX

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 75240

Country

25 USA

Zip

29 75240

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

NRAI SERVICES INC.

82 Street

5430 LBJ FREEWAY

83 City

DALLAS, TX

84 State

TX

85 Zip Code

75240

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 D ☒ DELETE
NAME WHATLEY, THOMAS R JR.
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ DELETE
NAME BILLING, MITCHELL G
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600
CITY-ST-ZIP WINTER PARK FL 32789

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 President/Sole Director ☐ Change ☒ Addition
1.2 NAME EMMETT E. MOORE
1.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540
1.4 CITY-ST-ZIP DALLAS, TX 75240

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME RICHARD J. DAMICO
2.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540
2.4 CITY-ST-ZIP DALLAS TX 75240

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME RICHARD M. OWEN
3.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540
3.4 CITY-ST-ZIP DALLAS, TX. 75240

4.1 TITLE VICE PRESIDENT OF OPERATIONS ☐ Change ☒ Addition
4.2 NAME Michael Grubbe
4.3 STREET ADDRESS 250 S. PARK AVE, 600
4.4 CITY-ST-ZIP WINTER PARK, FL 32789

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 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

3-1-97

Date

(972)-982-0264

CR2E034 (9/96)