

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90080 027 \*\*\*150.00

DOCUMENT # P96000038375

1. Corporation Name  
VISION TWENTY-ONE, INC.

Principal Place of Business  
7209 BRYAN DAIRY ROAD  
LARGO FL 33777

Mailing Address  
7209 BRYAN DAIRY ROAD  
LARGO FL 33777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

59-3384581

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7360 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 LARGO, FL

Zip

24 33777

Country

25 USA

2a. Mailing Address

26 7360 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 LARGO, FL

Zip

29 33777

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, DARRELL C  
101 E KENNEDY BLVD  
SUITE 2800  
TAMPA FL 33672

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
GILLETTE, TED  
STREET ADDRESS  
7209 BRYAN DAIRY ROAD  
CITY-ST-ZIP  
LARGO FL

TITLE ☐ DELETE

NAME  
SANCHEZ, RICHARD  
STREET ADDRESS  
7209 BRYAN DAIRY ROAD  
CITY-ST-ZIP  
LARGO FL

TITLE ☐ DELETE

NAME  
WELCH, RICHARD  
STREET ADDRESS  
7209 BRYAN DAIRY RD  
CITY-ST-ZIP  
LARGO FL

TITLE ☐ DELETE

NAME  
MALLER, BRUCE  
STREET ADDRESS  
7209 BRYAN DAIRY ROAD  
CITY-ST-ZIP  
LARGO FL 33777

TITLE ☐ DELETE

NAME  
KATZ, JEFFREY  
STREET ADDRESS  
7209 BRYAN DAIRY ROAD  
CITY-ST-ZIP  
LARGO FL 33777

TITLE ☐ DELETE

NAME  
PEQUES, II, HERBERT U  
STREET ADDRESS  
7209 BRYAN DAIRY ROAD  
CITY-ST-ZIP  
LARGO FL 33777

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
7360 BRYAN DAIRY ROAD, SUITE 200

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
7360 BRYAN DAIRY ROAD, SUITE 200

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
7360 BRYAN DAIRY ROAD, SUITE 200

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
7360 BRYAN DAIRY ROAD, SUITE 200

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
7360 BRYAN DAIRY ROAD, SUITE 200

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
STEIN, MARTIN  
7360 BRYAN DAIRY ROAD, SUITE 200

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)