


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000045807 (0)			
1. Corporation Name ANTHONY FERRIS O.D., P.A.			
Principal Place of Business 1138 POINTE NEWPORT TERR., #114 CASSELBERRY FL 32707		Mailing Address 1138 POINTE NEWPORT TERR., #114 CASSELBERRY FL 32707-7252	
2. Principal Place of Business 21 533 One Center Blvd Suite, Apt. #, etc. # 316 City & State Altamonte Springs, FL Zip 32701 25 USA		2a. Mailing Address 26 same Suite, Apt. #, etc. same City & State Altamonte Springs, FL Zip 32701 29 USA	
9. Name and Address of Current Registered Agent FERRIS, ANTHONY 1138 POINTE NEWPORT TERR., #114 CASSELBERRY FL 32707 <i>Please change address</i>		10. Name and Address of New Registered Agent 81 Name same Anthony Ferris 82 Street Address (P.O. Box Number is Not Acceptable) same 83 533 One Center Blvd #316 84 City Altamonte Springs FL 85 Zip Code 32701	
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 <i>Anthony Ferris</i> OD PA DATE 4/24/97 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERRIS, ANTHONY		1.2 NAME	
STREET ADDRESS 1138 POINTE NEWPORT TERR., #114		1.3 STREET ADDRESS	
CITY- ST- ZIP CASSELBERRY FL 32707		1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: <i>Anthony Ferris</i> OD PA 4/22/97 407 831 6545		Date Daytime Phone #	



CR2E034 (9/96)