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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90038 042 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000052981

1. Corporation Name

CENTRAL FLORIDA EYE PROFESSIONALS, P.A.

Principal Place of Business

**814 GRIFFIN ROAD
LAKELAND FL 33805**

Mailing Address

**814 GRIFFIN ROAD
LAKELAND FL 33805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

59-3386562

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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**F & L CORP
200 LAURA ST
THE GREENLEAF BLDG, THIRD FLOOR
JACKSONVILLE FL 32201-0240**

10. Name and Address of New Registered Agent

81 Name
Brian E. Renz
82 Street Address (P.O. Box Number is Not Acceptable)
1247 Lakeland Hills Blvd.
83
84 City
Lakeland **FL** **85** Zip Code
33805

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

1/27/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	RENZ, BRIAN	%814 GRIFFIN ROAD	LAKELAND FL 33805	<input type="checkbox"/>
D	KULYK, TEOFIL	%814 GRIFFIN ROAD	LAKELAND FL 33805	<input type="checkbox"/>
D	MULANEY, JAY	%814 GRIFFIN ROAD	LAKELAND FL 33805	<input type="checkbox"/>
D	CASE, RONALD	%814 GRIFFIN ROAD	LAKELAND FL 33805	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice-President	Brian E. Renz	1247 Lakeland Hills Blvd.	Lakeland, FL 33805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Teofil B. Kulyk	1247 Lakeland Hills Blvd.	Lakeland, FL 33805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Jay Mulaney	1247 Lakeland Hills Blvd.	Lakeland, FL 33805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President	Ronald W. Case	1247 Lakeland Hills Blvd.	Lakeland, FL 33805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

941-688-5604

Daytime Phone #

CR2E034 (11/98)