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Feb 21 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 # P96000079461 (5)

1. Corporation Name

EYE CARE ALLIANCE OF NORTHERN FLORIDA, INC.



Principal Place of Business

6717 NW 11TH PLACE STE A
GAINESVILLE FL 32605

Mailing Address

6717 NW 11TH PLACE STE A
GAINESVILLE FL 32605-4277

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

4. FEI Number

59-3401252

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

RAX CO.
50 NO LAURA STREET STE 3400
JACKSONVILLE FL 32202

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 D FREEMEN, RONALD R O.D. ☐ DELETE
NAME
STREET ADDRESS 1385 SO 1ST
CITY-ST-ZIP LAKE CITY FL

TITLE D GUYTON, WILLIAM F M.D. ☐ DELETE
NAME
STREET ADDRESS 6717 NW 11TH PLACE STE A
CITY-ST-ZIP GAINESVILLE FL

TITLE D REICHERT, RICHARD W M.D. ☐ DELETE
NAME
STREET ADDRESS 1385 SO 1ST
CITY-ST-ZIP LAKE CITY FL

TITLE D SHIFFMAN, ARTHUR L O.D. ☐ DELETE
NAME
STREET ADDRESS POST OFFICE BOX 170
CITY-ST-ZIP STARKE FL

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 D ☒ Change ☐ Addition
1.2 NAME FOREMAN, RONALD R O.D.
1.3 STREET ADDRESS 1387 SO 1ST
1.4 CITY-ST-ZIP LAKE CITY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME SCHLOFMAN, ARTHUR L O.D.
4.3 STREET ADDRESS 1105 S. Walnut
4.4 CITY-ST-ZIP STARKE FL 32091

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 its receiver, and I am duly 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 in an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

2-6-97 (352) 331-7811

CR2E034 (9/96)