

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90024 006 ***150.00

DOCUMENT # **P96000079461**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

59-3401252

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. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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** ☐ DELETE
NAME **FOREMAN, RONALD R. O**
STREET ADDRESS **1387 S. 1ST**
CITY-ST-ZIP **LAKE CITY FL**

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

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

TITLE **D** ☐ DELETE
NAME **SCHOLFMAN, ARTHUR L. O**
STREET ADDRESS **1105 S. WALNUT**
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:

REQUIRED

7-28-99

352 331-7811

CR2E034 (5/99)

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EYE CARE ALLIANCE OF NORTHERN FLORIDA, INC.
6717 N. W. 11th Place
Suite A
Gainesville, Florida 32605

August 4, 1999

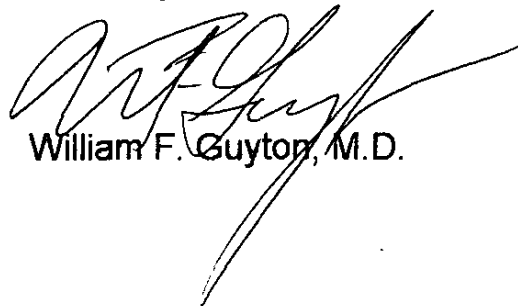
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

We did not receive our first notice to file our Corporate Annual Report before May 1999. Our treasurer, James E. Robbins, M.D., died on January 15, 1999 and I suspect the first notice was misfiled as his estate was settled.

Please accept this report with no late fee penalty.

Sincerely,



William F. Guyton, M.D.

WFG/nd

Enclosure