

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024971

1. Corporation Name

EYE CARE NETWORK OF CENTRAL FLORIDA, INC.

Principal Place of Business

180 PARK AVENUE NORTH
SUITE 200
WINTER PARK FL 32789-7401

Mailing Address

180 PARK AVENUE NORTH
SUITE 200
WINTER PARK FL 32789-7401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or
To Do Business in Florida

5. FEI Number

59 3442540

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Marc F. Schwartz, M.D.	180 Park Ave. N, Ste 200	Winter Park, FL 32789
Sec.	Neil Okun, M.D.	2501 N Orange Ave Ste 401	Orlando, FL 32804
V.P.	Elliot Cooperman, M.D.	311 East Evans Street	Orlando, FL 32804
V.P.	J. Richard Susi, D.O.	7326 Lk. Underhill Rd.	Orlando, FL 32822
Tres.	James Garvey, M.D.	1350 S. Orlando Ave.	Winter Park, FL 32789

8. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
100 NORTH TAMPA STREET
SUITE 2425
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Jill S. Schwartz, Esquire

Street Address (P.O. Box Number is Not Acceptable)

180 Park Ave. North, Suite 200

Suite, Apt. #, Etc.

City

Winter Park

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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jill S. Schwartz
Jill S. Schwartz

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jill S. Schwartz
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/24/98

Daytime Phone #

407-
647-8911

CR2E040 (9/98)