

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

**98 AUG -3 AM 9:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000045101 (7)**

1. Corporation Name

**VISION 21 OF SIERRA VISTA, INC.**



Principal Place of Business

**7209 BRYAN DAIRY ROAD  
LARGO FL 34647**

Mailing Address

**7209 BRYAN DAIRY ROAD  
LARGO FL 34647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/21/1997**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

**33777**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

**33777**

Country

**30**

4. FEI Number

**59-3454532**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH, DARRELL C  
101 E KENNEDY BLVD  
SUITE 2000  
TAMPA FL 33602**

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 ☐ DELETE

**NAME**  
**GILLETTE, THEODORE N**  
**STREET ADDRESS**  
**7209 BRYAN DAIRY ROAD**  
**CITY-ST-ZIP**  
**LARGO FL 34647**

TITLE ☐ DELETE

**NAME**  
**SANCHEZ, RICHARD L**  
**STREET ADDRESS**  
**7209 BRYAN DAIRY ROAD**  
**CITY-ST-ZIP**  
**LARGO FL 34647**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**P/D**

**Largo, FL 33777**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**S/D /VP**

**Largo, FL 33777**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**T/D**

**Richard T. Welch**  
**7209 Bryan Dairy Road**  
**Largo, Florida 33777**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**700002608107-8**  
**-08/05/98--01075--011**  
**\*\*\*\*150.00 \*\*\*\*150.00**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

(813)-545-4300

0091710

CR2E034 (5/98)

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SHUMAKER, LOOP & KENDRICK, LLP

ATTORNEYS AT LAW

BARNETT PLAZA - SUITE 2800

101 EAST KENNEDY BOULEVARD

TAMPA, FLORIDA 33602

TOLEDO OFFICE

NORTH COURTHOUSE SQUARE

1000 JACKSON

TOLEDO, OHIO 43624-1573

(419) 241-9000

FAX (419) 241-6894

(813) 229-7600

FAX (813) 229-1660

MAILING ADDRESS

POST OFFICE BOX 172609

TAMPA, FLORIDA 33672-0609

CHARLOTTE OFFICE

128 SOUTH TRYON STREET

SUITE 1800

CHARLOTTE, NORTH CAROLINA 28202

(704) 378-0057

FAX (704) 332-1197

WRITER'S DIRECT DIAL NUMBER:

(813) 227-2263

July 22, 1998

**FEDERAL EXPRESS**

Florida Secretary of State  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: Vision Twenty-One Annual Reports

Dear Sir/Madam:

On April 16, 1998, our client's accounting department sent in the annual reports for Vision Twenty-One, Inc.; Vision Twenty-One Physician Practice Management Company; Vision 21 Managed Eye Care of Tampa Bay, Inc.; Vision 21 Management Services, Inc.; Vision 21 of Southern Arizona, Inc.; Vision 21 of Sierra Vista, Inc.; Vision Twenty-One Eye Laser Centers, Inc.; and Optometric Associates of Florida, P.A. Our client received the enclosed Second Notices. After speaking with your offices and determining that the check never cleared the bank, we have determined that the annual reports (together with the checks) were lost in the mail.

Enclosed for filing with your offices are the Annual Reports and 8 checks each in the amount of \$150.00 as the filing fee.

If you have any questions, please do not hesitate to call me.

Sincerely,

  
Amy W. Recchio  
Legal Assistant

AWR/