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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90018 048 \*\*\*550.00

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1. Corporation Name

CATARACT & LASER SURGERY CENTER, INC.

Principal Place of Business

13051 UNIVERSITY DR.  
FT. MYERS FL 33907

Mailing Address

13051 UNIVERSITY DR.  
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

65-0776141

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

WINESETT, ROBERT A  
2248 1ST ST.  
FT. MYERS FL 33901

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 ☐ DELETE

TITLE D  
NAME GOROVY, MARK S M.D.  
STREET ADDRESS 4225 EVANS AVE.  
CITY-ST-ZIP FT. MYERS FL 33907

TITLE D ☐ DELETE

NAME DAVIS, RICHARD M M.D.  
STREET ADDRESS 9201 CYPRESS LAKE DR.  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☐ DELETE

NAME SNEAD, JOHN W M.D.  
STREET ADDRESS 12525 NEW BRITTANY BLVD.  
CITY-ST-ZIP FT. MYERS FL 33919

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 ☐ Change ☐ Addition

1.1 TITLE D, P  
1.2 NAME GOROVY, MARK S. M.D.  
1.3 STREET ADDRESS 4225 EVANS AVE  
1.4 CITY-ST-ZIP FT MYERS FL 33901

2.1 TITLE D, T ☐ Change ☐ Addition

2.2 NAME DAVIS, RICHARD M M.D.  
2.3 STREET ADDRESS 9201 CYPRESS LAKE DR  
2.4 CITY-ST-ZIP FT MYERS FL 33919

3.1 TITLE D, V ☐ Change ☐ Addition

3.2 NAME SNEAD, JOHN W M.D.  
3.3 STREET ADDRESS 1525 NEW BRITTANY BLVD.  
3.4 CITY-ST-ZIP FT MYERS FL 33907

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME ELMOUIST, E. TREVOR, M.D.  
4.3 STREET ADDRESS 12670 NEW BRITTANY BLVD.  
4.4 CITY-ST-ZIP FT MYERS FL 33907

5.1 TITLE D, S ☐ Change ☐ Addition

5.2 NAME CROLEY, JAMES E, III, M.D.  
5.3 STREET ADDRESS 613 DEL PRADO BLVD S  
5.4 CITY-ST-ZIP CAPE CORAL FL 33904

6.1 TITLE D ☐ Change ☐ Addition

6.2 NAME COX, GENE, M.D.  
6.3 STREET ADDRESS 3594 BROADWAY  
6.4 CITY-ST-ZIP FT MYERS FL 33901

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

Date

Daytime Phone #

CR2E034 (1/98)