

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90080 024 \*\*\*150.00

DOCUMENT # P98000012315

1. Corporation Name

EYE SURGERY CENTER MANAGEMENT, INC.

Principal Place of Business

7209 BRYAN DAIRY ROAD  
LARGO FL

Mailing Address

7209 BRYAN DAIRY ROAD  
LARGO FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number  
59-3499851

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 7360 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 LARGO, FL

Zip Country

24 33777

25 USA

2a. Mailing Address

26 7360 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 LARGO, FL

Zip Country

29 33777

30 USA

9. Name and Address of Current Registered Agent

SMITH, DARRELL C  
101 E. KENNEDY BLVD.  
SUITE 2800  
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 D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME WELCH, RICHARD T  
STREET ADDRESS 7209 BRYAN DAIRY ROAD  
CITY-ST-ZIP LARGO FL

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

7360 BRYAN DAIRY ROAD, SUITE 200

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7360 BRYAN DAIRY ROAD, SUITE 200

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

7360 BRYAN DAIRY ROAD, SUITE 200

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0422700