

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
• ANNUAL REPORT  
1996



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

DOCUMENT # **S04438** (5)

1. Corporation Name

**AMERICAN OPHTHALMIC, INC.**

Principal Place of Business

**250 SOUTH PARK AVE.  
STE.#600  
WINTER PARK FL 32789**

Mailing Address

**250 SOUTH PARK AVE.  
STE.#600  
WINTER PARK FL 32789**



3. Date Incorporated or Qualified  
**09/25/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

**59-3044086**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 of registered agent or principal place of business (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME  
**CEO  
WHATLEY, THOMAS R JR  
250 S PARK AVE SUITE 600  
WINTER PARK FL**

1.1 TITLE

**Director**

☐ Change

☒ Addition

STREET ADDRESS

CITY-STATE-ZIP

1.2 NAME

**James B. Hoover**

1.3 STREET ADDRESS

**250 S. Park Ave., #600**

1.4 CITY-STATE-ZIP

**Winter Park, FL 32789**

TITLE

NAME  
**D  
MARGUDER, G. BROCK M.D.  
250 S. PARK AVE., #600  
WINTER PARK FL**

2.1 TITLE

**Director**

☐ Change

☒ Addition

STREET ADDRESS

CITY-STATE-ZIP

2.2 NAME

**David A. Ward**

2.3 STREET ADDRESS

**250 S. Park Ave., #600**

2.4 CITY-STATE-ZIP

**Winter Park, FL 32789**

TITLE

NAME  
**D  
LENNON, ROBERT M.D.  
250 S. PARK AVE., #600  
WINTER PARK FL 32789**

3.1 TITLE

**Director**

☐ Change

☒ Addition

STREET ADDRESS

CITY-STATE-ZIP

3.2 NAME

**Patrick J. Welsh**

3.3 STREET ADDRESS

**250 S. Park Ave., #600**

3.4 CITY-STATE-ZIP

**Winter Park, FL 32789**

TITLE

NAME  
**D  
WHATLEY, THOMAS R JR.  
250 S. PARK AVE., #600  
WINTER PARK FL 32789**

4.1 TITLE

**General Counsel/secretary**

☐ Change

☒ Addition

STREET ADDRESS

CITY-STATE-ZIP

4.2 NAME

**Kathryn L. Sweers**

4.3 STREET ADDRESS

**250 S. Park Ave., #600**

4.4 CITY-STATE-ZIP

**Winter Park, FL 32789**

TITLE

NAME  
**V  
WASHBURN, JAMES C  
250 S. PARK AVE., #600  
WINTER PARK FL 32789**

5.1 TITLE

**Treasurer**

☐ Change

☒ Addition

STREET ADDRESS

CITY-STATE-ZIP

5.2 NAME

**Connie G. Fraley**

5.3 STREET ADDRESS

**250 S. Park Ave., #600**

5.4 CITY-STATE-ZIP

**Winter Park, FL 32789**

TITLE

NAME  
**V  
MAGRUDER, BAILEY J  
250 S. PARK AVE., #600  
WINTER PARK FL 32789**

6.1 TITLE

☐ Change

☒ Addition

STREET ADDRESS

CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Connie G. Fraley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/96*  
Date

*407/647-5000*  
Daytime Phone #

CR2E034 (12/95)



**American  
Ophthalmic  
Incorporated**

**Additions to American Ophthalmic, Inc.**

**President/COO**

Mithchell G. Billing  
250 South Park Ave. #600  
Winter Park, FL 32789

**Chief Financial Officer**

Lee Robbins  
250 South Park Ave., #600  
Winter Park, FL 32789

**VP/Acquisitions**

James C. Washburn  
250 South Park Ave., #600  
Winter Park, FL 32789

**VP/Development** *Already present*  
J. Bailey Magruder  
250 South Park Ave., #600  
Winter Park, FL 32789

**VP/Managed Care**

Donna Alexander  
250 South Park Ave., #600  
Winter Park, FL 32789

**VP/MIS**

Michael E. Grubbe  
250 South Park Ave., #600  
Winter Park, FL 32789

250 South Park Avenue

Suite 600

Winter Park, Florida 32789

407/647-5000 • FAX 407/647-5648