

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**  
97 APR 18 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 32789-4368

3. Date Incorporated or Qualified: 09/25/1990  
3a. Date of Last Report: 02/23/1996  
4. FEI Number: 59-0044086  
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

2. Principal Place of Business: 21 5430 LBJ FREEWAY, 22 STE, 1540, 23 DALLAS, TX, 24 75240, 25 USA  
2a. Mailing Address: 26 5430 LBJ FREEWAY, 27 STE, 1540, 28 DALLAS, TX, 29 75240, 30 USA

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent  
81 **NRRI SERVICES INC.**  
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. PARK AVE  
83  
84 City: TALLAHASSEE, 85 32301, 86 200002154512-0

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. \*\*\*\*165.00 \*\*\*\*165.00

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: CEO	<input checked="" type="checkbox"/> DELETE
NAME: WHATLEY, THOMAS R JR	
STREET ADDRESS: 250 S PARK AVE SUITE 600	
CITY-ST-ZIP: WINTER PARK FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: MARGUDER, G. BROCK M.D.	
STREET ADDRESS: 250 S. PARK AVE., #600	
CITY-ST-ZIP: WINTER PARK FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: LENNON, ROBERT M.D.	
STREET ADDRESS: 250 S. PARK AVE., #600	
CITY-ST-ZIP: WINTER PARK FL 32789	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: WHATLEY, THOMAS R JR.	
STREET ADDRESS: 250 S. PARK AVE., #600	
CITY-ST-ZIP: WINTER PARK FL 32789	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: WASHBURN, JAMES C	
STREET ADDRESS: 250 S. PARK AVE., #600	
CITY-ST-ZIP: WINTER PARK FL 32789	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: MAGRUDER, BAILEY J	
STREET ADDRESS: 250 S. PARK AVE., #600	
CITY-ST-ZIP: WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PRESIDENT/SOLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: EMMETT E. MOORE	
1.3 STREET ADDRESS: 5430 LBJ FREEWAY STE 1540	
1.4 CITY-ST-ZIP: DALLAS TX 75240	
2.1 TITLE: Vice President / Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: RICHARD J. DAMICO	
2.3 STREET ADDRESS: 5430 LBJ FREEWAY, STE. 1540	
2.4 CITY-ST-ZIP: DALLAS, TX 75240	
3.1 TITLE: VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: RICHARD M. OWEN	
3.3 STREET ADDRESS: 5430 LBJ FREEWAY, STE. 1540	
3.4 CITY-ST-ZIP: DALLAS, TX 75240	
4.1 TITLE: Vice Pres. of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Michael Grubbe	
4.3 STREET ADDRESS: 250 S. PARK AVE., #600	
4.4 CITY-ST-ZIP: WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do 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: *Richard J. Damico* REQUIRED 3-1-97 Date (912) 982-8264 Daytime Phone

CR2E034 (9/96)