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PROFIT
CORPORATION
ANNUAL REPORT
1997



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 #800
WINTER PARK FL 32789

Mailing Address

250 SOUTH PARK AVE.
STE #800
WINTER PARK FL 32789-4388

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 5430 LBJ FREEWAY

2a. Mailing Address

26 5430 LBJ FREEWAY

22 Suite, Apt. #, etc.
STE, 1540

Suite, Apt. #, etc.

27 STE, 1540

23 City & State
DALLAS, TX

City & State

28 DALLAS, TX

24 Zip

75240

Country

25 USA

Zip

29 75240

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

09/25/1990

3a. Date of Last Report

02/23/1996

4. FEI Number

59-0044086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 NRAI SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

526 E. PARK AVE

83

84 City TALLAHASSEE

85 32301

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 box, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME WHATLEY, THOMAS R JR
STREET ADDRESS 250 S PARK AVE SUITE 800
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME MARGUDER, G. BROCK M.D.
STREET ADDRESS 250 S. PARK AVE., #800
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME LENNON, ROBERT M.D.
STREET ADDRESS 250 S. PARK AVE., #800
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D
NAME WHATLEY, THOMAS R JR.
STREET ADDRESS 250 S. PARK AVE., #800
CITY-ST-ZIP WINTER PARK FL 32789

TITLE V
NAME WASHBURN, JAMES C
STREET ADDRESS 250 S. PARK AVE., #800
CITY-ST-ZIP WINTER PARK FL 32789

TITLE V
NAME MAGRUDER, BAILEY J
STREET ADDRESS 250 S. PARK AVE., #800
CITY-ST-ZIP WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/SOLE DIRECTOR ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ Addition
4.2 NAME Michael Grubbe
4.3 STREET ADDRESS 250 S. PARK AVE., #600
4.4 CITY-ST-ZIP WINTER PARK, FL 32789

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

Date

(912) 982-8264

Daytime Phone

0073839

CR2E034 (9/96)