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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # 1. Corporation Name AMERICAN OPHTHALMIC, INC.

**FILED** Jan 23 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
5430 LBJ FREEWAY SUITE 1540 DALLAS TX 75240		5430 LBJ FREEWAY SUITE 1540 DALLAS TX 75240					
					DO NOT WRITE IN THIS SPACE		
DALLAG IA 19240		UNLEND TR 75240		3. Date Incorporated or Qualified			
					09/25/1990		i
2. Principal Place of Business 2e. Mailing Address					4. FEI Number		Applied For
21		26			59-3044086		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired	\$8.7	5 Additional
22 27					G. Certificate of Status Desired	Fee	Required
City & State					6. Election Campaign Financing	\$5.0	00 May Be
23	28				Trust Fund Contribution		ed to Fees
Zip	Country	Zıp	Countr 30	У	8. This corporation owes or has paid the current year Intangible		
24	25     29     29			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
ND	AI SERVICES, INC.	it togistered Agent	B1	Name	to, name and Address of New Registe	IOU ABOUT	
526 E. PARK AVE.							
TALLAHASSEE FL 32301				Street Add	dress (P.O. Box Number is Not Acceptable)		
rrw.	EN WOOLE I'L OEOU!		83	<u> </u>			
				1			
			84	City		FL 85 Z	ip Code
11. Pursuant t	to the provisions of Sections 607.050	32 and 607 1508. Florida Stelut	es the eho	e-named cor	poration submits this statement for the purpo		a its societorod
office or re agent. Lar	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Fk	authorized b orida Statute	y the corpora	ation's board of directors. I hereby accept the	appointment	as registered
SIGNATURE	,						
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS			ent signature requ	APOITIONS CHANCES TO OFFICERS		ODC IN 10
TITLE	CEO	DELETE	13. 1.1 TITLE	·	ADDITIONS/CHANGES TO OFFICERS	Chang	
NAME	MOORE, EMMETT E		1.2 NAME			C ontains	Jo La Addition
STREET ADDRESS	EARN LD LEDERWAY CLIME 4546			T ADDRESS			
CITY-ST-ZIP							
TITLE	VPS DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Chang	pe Addition
NAME	D'AMICO, RICHARD J		2.2 NAME				, L Addition
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1540		2.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75240						
TITLE	VP	DELETE	2. 4 CITY - 3.1 TITLE	31-21		Chanp	ne Addition
NAME	OWEN, RICHARD M		3.2 NAME				,
STREET ADDRESS	\$430 LBJ FREEWAY, SUITE	1540		T ADDRESS			
CITY-ST-ZIP	DALLAS TX 75240		3.4. CITY-				
TITLE	VPO	☐ DELETE	4.1 TITLE	Or En		☐ Chang	e Addition
NAME	GRUBBE, MICHAEL		4. 2 NAME				
STREET ADDRESS	250 S. PARK AVE., #600			T ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-				
TITLE		DELETE	5 1 TITLE			☐ Chang	pe
NAME			5 2 NAME	1		•	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY-				!
TITLE		DELETE	6.1 TITLE			☐ Chang	je Addition
NAME			6.2 NAME			- •	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 City-				1
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify fo	r the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that t	the information
indicated (	on this annual report or supplementa	al annual report is true an <b>d a</b> cc	urate and th	at my signatu	are shall have the same legal effect as if mad juired by Chapter 607, Florida Statutes; and t	e under oath:	that I am an I
Block 12 c	or Block 13 if changed, or on an atta	chment with an address					200000