

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. McMillan
Secretary of State
1000 North Gandy Boulevard
Tallahassee, Florida 32304-3000

**APPROVED
AND
FILED**

50 MAY -1 AM 10:24

DOCUMENT # S25135 (2)

1. Corporation Name:

NORTHWEST FLORIDA EYE ASSOCIATES, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business:

**6160 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504**

3. Mailing Address:

**6160 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified:

12/27/1990

3a. Type of first report:

01/25/1994

4. FEE Number:

59-3037958

Applied For:

☐ Not Applicable

5. Certificate of Status Required:

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing:

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for damages based on the following:

☒ Yes ☐ No

2. Principal Place of Business:

21. State of incorporation:

22. City & State:

23. City & State:

24. City & State:

2a. Mailing Address:

26. State of incorporation:

27. City & State:

28. City & State:

29. City & State:

30. City & State:

9. Name and Address of Current Registered Agent

**LEUCHTMAN, GARY B.
3 WEST GARDEN STREET
600 BLOUNT BUILDING
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name:

82. Street Address:

83. City:

84. State:

FL

85. Zip Code:

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear to me, and I am not aware of any facts which would render the same incorrect or misleading.

Signature:

12. Name:

13. Address:

14. City:

15. State:

16. Zip Code:

17. Name:

18. Address:

19. City:

20. State:

21. Zip Code:

22. Name:

23. Address:

24. City:

25. State:

26. Zip Code:

27. Name:

28. Address:

29. City:

30. State:

31. Zip Code:

32. Name:

33. Address:

34. City:

35. State:

36. Zip Code:

37. Name:

38. Address:

39. City:

40. State:

41. Zip Code:

42. Name:

43. Address:

44. City:

45. State:

46. Zip Code:

47. Name:

48. Address:

49. City:

50. State:

51. Zip Code:

52. Name:

53. Address:

54. City:

55. State:

56. Zip Code:

SIGNATURE: *

11/10/95
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR