

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90059 007 ***150.00

DOCUMENT # S25135

1. Corporation Name

CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.

Principal Place of Business

**6160 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504**

Mailing Address

**6160 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1990

4. FEI Number

59-3037958

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6190 North Davis Hwy

2a. Mailing Address

26 6190 North Davis Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pensacola FL

City & State

28 Pensacola FL

Zip

24 32504

Country

25 U.S.A.

Zip

29 32504

Country

30 U.S.A.

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 (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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME RIFI, AREF
STREET ADDRESS 6160 N. DAVIS HWY
CITY-ST-ZIP PENSACOLA FL**

TITLE ☐ DELETE

**D
NAME GALBAY, EDWARD J.
STREET ADDRESS 6160 NORTH DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA FL**

TITLE ☐ DELETE

**D
NAME HARBOUR, ROBERT C.
STREET ADDRESS 6160 NORTH DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA FL**

TITLE ☐ DELETE

**D
NAME MCKNIGHT, TIPTON G
STREET ADDRESS 6160 N DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

1/28/99 (850) 476-9236

CR2E034 (1/98)