FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55347 (6)

1. Corporation Name

BAPTIST EYE INSTITUTE, INC.

Principal Place of Business: 1235 SAN MARCO BLVD, JACKSONVILLE FL 32207

Mailing Address: 1235 SAN MARCO BLVD. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified	3a Date of Last Report
05/23/1991	12/19/1994

4. FEI Number: 59-3080348 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. — $5.00 May Be Added to Fees

8. Florida Statutes [X] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLUCELLI, GERARD A MD
1235 SAN MARCO BLVD.
JACKSONVILLE FL 32207

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: G. A. Colucell MD 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	LEVENSON, JEFFREY H M.D	1235 SAN MARCO BLVD.	JACKSONVILLE FL
P	BOWDEN, FRANK MD	1235 SAN MARCO BLVD.	JACKSONVILLE FL
V	COLUCCELLI, GERARD, MD	1235 SAN MARCO BLVD.	JACKSONVILLE FL
T	NICOLITZ, ERNST MD	1235 SAN MARCO BLVD.	JACKSONVILLE FL
S	SHMUNES, NEIL MD	1235 SAN MARCO BLVD.	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition (blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on the 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: G. A. Colucell MD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — 346-3506

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