

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S55347 (6)
1. Corporation Name
BAPTIST EYE INSTITUTE, P.A.



Principal Place of Business 1235 SAN MARCO BLVD. JACKSONVILLE FL 32207	Mailing Address 1235 SAN MARCO BLVD. JACKSONVILLE FL 32207-8554
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1991		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-3080348		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 Bowden, Frank III, MD			
				82 Street Address (P.O. Box Number is Not Acceptable) 1235 San Marco Blvd.			
				83 Suite 404			
				84 City Jacksonville,		85 Zip Code FL 32207	

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 Frank Bowden, III, MD
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reconstituting) DATE 4-29-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVENSON, JEFFREY H M.D			12 NAME			
STREET ADDRESS	1235 SAN MARCO BLVD.			13 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			14 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWDEN, FRANK MD			22 NAME			
STREET ADDRESS	1235 SAN MARCO BLVD.			23 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			24 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLUCELLI, GERARD, MD			32 NAME			
STREET ADDRESS	1235 SAN MARCO BLVD.			33 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			34 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICOLITZ, ERNST MD			42 NAME			
STREET ADDRESS	1235 SAN MARCO BLVD.			43 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			44 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		51 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHMUNES, NEIL MD			52 NAME			
STREET ADDRESS	1235 SAN MARCO BLVD.			53 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				62 NAME	Adams, Charles Jr., MD		
STREET ADDRESS				63 STREET ADDRESS	1235 San Marco Blvd.		
CITY-ST-ZIP				64 CITY-ST-ZIP	Jacksonville, FL 32207		

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: Frank Bowden, III, MD
4/30/97 204 3586267

CR2E034 (9/96)