

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
--	---	--

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
--	---

3. Date Incorporated or Qualified 05/23/1991	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number 59-3080348	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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,** FL 85 Zip Code **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** *Frank W. Bowden III MD* DATE **4-29-97**

12. OFFICERS AND DIRECTORS

TITLE V	<input type="checkbox"/> DELETE
NAME LEVENSON, JEFFREY H M.D	
STREET ADDRESS 1235 SAN MARCO BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE P	<input type="checkbox"/> DELETE
NAME BOWDEN, FRANK MD	
STREET ADDRESS 1235 SAN MARCO BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE V	<input type="checkbox"/> DELETE
NAME COLUCELLI, GERARD, MD	
STREET ADDRESS 1235 SAN MARCO BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE T	<input type="checkbox"/> DELETE
NAME NICOLITZ, ERNST MD	
STREET ADDRESS 1235 SAN MARCO BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME SHMUNES, NEIL MD	
STREET ADDRESS 1235 SAN MARCO BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Adams, Charles Jr., MD	
6.3 STREET ADDRESS 1235 San Marco Blvd.	
6.4 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 W. Bowden III MD* 4/30/97 204 3586267

CR2E034 (9/96)