SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S73169

(2)

RAMSAY EYE CARE CENTER, O.D., P.A.

- SEUM LOS MICHISTATE TANTA A MARE E. FLORIDA Principal Place of Business Mailing Address 6900 DANIELS PARKWAY 6900 DANIELS PARKWAY SUITE 687 SUITE 687 FT MYERS FL 33912 FT MYERS FL 33912 3. Date Incorporated or Qualified 3a. Dale of Last Report <u>08/14/1991</u> 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0281024 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name RAMSAY, WILLIAM K., OD **6900 DANIELS PARKWAY** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 6 & 7** 83 FT MYERS FL 33912 City 85 Zip Code FL 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 hoard 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, type tion prints a numer of nigesteroid agent and trie it applicance. (NOTE Registered Agent's geature regard when reinstang) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 111116 Change Addition NAME RAMSAY, WILLIAM K., OD 1.2 NAME CR2E034 STREET ADDRESS **6900 DANIELS PKWY** 13 STREET ADDRESS CITY-ST-7IP FT MYERS FL 14 City - St - ZiP TITLE DELETE 21 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 700001951917 CITY-ST-ZIP <u>-09/19/96--01063--020</u> 2 4 City - St - ZiP TITLE DELETE 31 TITLE ***#375.00 ********75.4000 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP THE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET DORESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 DiTY - \$1 - ZIP

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(3)(k). 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 companion of the received frustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 2 or Block 12 of good for or an accurate with an address

61 TITLE

62 NAME

6 3 STREET ADDRESS

64 CITY-ST ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

95 SEP 17 PH 3: 28

8-19-96 941-561-2020

Change Addition

(36/8)