

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S75778 (8)

1. Corporation Name

HCARE VISION CENTERS OF WEST VOLUSIA, INC.

Principal Place of Business

**1200-40 DELTONA BLVD
DELTONA FL 32725**

Mailing Address

**1200-40 DELTONA BLVD
DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/26/1991

3a. Date of Last Report
05/01/1994

4. FEI Number

59-3084039

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 has liability for interstate tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LILLIAN CIAMBRIELLO & ASSOC., INC.
23 DELTONA PLAZA
DELTONA FL 32725**

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 607.1506, 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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FIorentino, FRANK S.
STREET ADDRESS	1252 BRAMPTON PL
CITY - ST - ZIP	HEATHROW FL
TITLE	VP
NAME	FINNEY, THOMAS
STREET ADDRESS	1620 N LEVITTE
CITY - ST - ZIP	ORANGE CITY FL
TITLE	SECRETARY
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	VP
2.3 STREET ADDRESS	FIorentino FRANKS.
2.4 CITY - ST - ZIP	1252 BRAMPTON PL
	HEATHROW FL
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	LILLIAN Ciambriello
3.4 CITY - ST - ZIP	1200 DELTONA FL #23
	DELTONA FL 32725
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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:

Lillian Ciambriello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Ciambriello
SECRETARY

4/20/95

407-574-8509

Date

Telephone Number