

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S75778** (8)

1. Corporation Name

H-CARE VISION CENTERS OF WEST VOLUSIA, INC.



Principal Place of Business

**1200-49 DELTONA BLVD
DELTONA FL 32725**

Mailing Address

**1200-49 DELTONA BLVD
DELTONA FL 32725**

2. Principal Place of Business

21 **2409 Enterprise Rd.**

Suite, Apt. #, etc.

22 **Suite B-4**

City & State

23 **Orange City FL**

Zip

24 **32763**

Country

25 **Volusia**

2a. Mailing Address

26 **1200 Deltona Plaza**

Suite, Apt. #, etc.

27 **Suite #23**

City & State

28 **Deltona FL**

Zip

29 **32725**

Country

30 **Volusia**

3. Date Incorporated or Qualified

08/26/1991

3a. Date of Last Report

04/25/1995

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 607.1508, 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

Lillian Ciambriello

Lillian Ciambriello, Secretary

3/22/96

(NOTE: Registered Agent signature required with this filing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
FIORENTINO, FRANK S.
1252 BRAMPTON PL
HEATHROW FL**

TITLE ☐ DELETE

**VP
FIORENTINO, FRANKS
1252 BRAMPTON PL
HEATHROW FL**

TITLE ☐ DELETE

**S
CIAMBRIELLO, LILLIAN
1200 DELTONA FL# 23
DELTONA FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE
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 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 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 Fiorentino

Frank Fiorentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

407-333-9190

CR2E034 (12/95)