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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90055 025 ***150.00

DOCUMENT	#	S84343
DOOGINEIT	"	304343

1. Corporation Name

FLORIDA EYE CENTER, P.A.

Principal Plac	ce of Business	Mailing Address					IOO ISINE ONOO IIKI ON	DIN DABAH DIĞIN DABIH	Bigil Olbii igai
1515 9TH AVE		1515 9TH AVE. N.					•		
	JRG FL 33705	ST. PETERSBURG							
						DO N	OT WRITE IN TI	HIS SPACE	
						3. Date Incorporated or	Qualifed		
						10/01/1991		•	
2. Principal F	Place of Business	2a. Mailing Addre	ess			4. FEI Number		- At	plied For
21		26				59-3087809	•	No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status De	esired	\$8.75	
22		27			•	J. Certificate of Status Di		Fee Re	equired
City & Sta	te	City & State				6, Election Campaign Fir	nancing	\$5.00	May Be
23		28				Trust Fund Contribution	on	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes	the current year	Intangible	
24	25	29	30			Personal Property Tax	.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of	of New Register	ed Agent	
0.00	IN MARK A			81	Name				
SIBL	LEY, MARK A.			82	Stroot Addre	ss (P.O. Box Number is Not	Acceptable)		
	5 9TH AVE N			-	Oliver Addre	DOX HAIRDON STATE	noceptable)	entrion 2 to other	##4+ HITE 26
, ST.	PETERSBURG FL 33705	and the second		83		r 1, 300 315	र : अस्तुम्ह	2. 胸内部 16.1	推注的数
N 6 30 1 32	•	gradual trans		-			6、高麗里 1		
				84	City				Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florid	la Statutes, th	he above-	-named corpo	ration submits this statemen	t for the purpose	of changing its	registered
Office or I	registered agent, or both, in the State of am familiar with, and accept the obligati	or Pionga. Such chang	ie was autnor	rizea dy ti	he corporation	n's board of directors. I here	by accept the ap	pointment as re	gistered ;
***		ions of, Section 607.0	ous, riolida (Statutes.					.*
SIGNATURE		and title if applicable	(NOTE: Regis	stered Agent	signature required	when reinstating):	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI			stered Agent	signature required	when reinstating): , ADDITIONS/CHANGES	DATE TO OFFICERS		DRS IN 12
	Signature, typed or printed name of registered agent				signature required	when reinstating): ADDITIONS/CHANGES			DRS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	LETE	13.	signature required			AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A.	DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME				AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A.	D DIRECTORS	LETE	13. 1.1 TITLE 12 NAME 1.3 STREET # 1.4 CITY-ST-	ADDRESS			AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADDRESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS .			AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ADDRESS ADDRESS			AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST-	ADDRESS ADDRESS			AND DIRECTO Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE	ADDRESS ADDRESS			AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	ADDRESS ADDRESS - ZIP			AND DIRECTO Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET # 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET # 3.1 TITLE 3.2 NAME 3.3 STREET A 3.3 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS		TO OFFICERS	AND DIRECTO Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS DE	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET # 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET # 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 3.4 CITY-ST- 3.4 CITY-ST- 3.5 STREET A 3.4 CITY-ST- 3.4 CITY-ST- 3.4 CITY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET # 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET # 2.4 CITY-ST- 3.1 TITLE 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE	ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N	D DIRECTORS DE	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET # 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET # 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 3.4 CITY-ST- 3.4 CITY-ST- 3.5 STREET A 3.4 CITY-ST- 3.4 CITY-ST- 3.4 CITY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE 3	13. 1.1 TITLE 1.2 NAME 1.3 STREET # 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET # 2.4 CITY-ST- 3.1 TITLE 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE	ADDRESS ADDRESS ADDRESS -ZIP	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.4 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY- ST-	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.3 STREET A 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 4.4 CITY-ST- 5.1 TITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.4 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE 4	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.3 STREET A 5.3 STREET A 5.4 STREET A 5.5 STREET A 5.5 STREET A 5.5 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE S	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.4 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY- ST- 5.5 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE S	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.3 STREET A 5.3 STREET A 5.4 STREET A 5.5 STREET A 5.5 STREET A 5.5 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE 4 LETE 5 LETE 6 LETE 6 LETE 6	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.4 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY- ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY- ST- 5.5 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D SIBLEY, MARK A. 1515 9TH AVE N ST PETERSBURG FL	D DIRECTORS DE	LETE S	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST- 6.6 TITLE 6.1 TITLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ADDITIONS/CHANGES	TO OFFICERS	Change Change Change Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition

14. I 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 drather receiver or trustee employered 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 or at a true address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.12.99

727.895.202