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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V24591**1. Corporation Name

(2)

Mailing Address

RICHARD I. OLMSTEAD, O.D., P.A.

FILED
Jan 31 1997 8:00am
Secretary of State

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115 INDIAN RIVER DRIVE NUMBER 121 COCOA FL 32922		115 Indian River Drive Number 121 Cocoa Fl 32922-4709					·			
							3. Date Incorporated or Qualified 03/30/1992		ate of Last Re 30/1996	eport
2. Principal Pr 21	lace of Business		2a. Mailing Address 26				4. FEI Number 59-3099617			plied For at Ap plicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State 23	e		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	25	Country	Zip 29	30 Cou	intry	. :		Yes [⊒ No	. 199.032,
A144		Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New Re	gistereo	Agent	
	STEAD, RICHA				٠.					
NUM	INDIAN RIVER I IBER 121	DRIVE			82 83	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
COC	OA FL 32922				03			·		
					84	City		FL		Code
office or r	registered agent.	or both, in the State	2 and 607.1508, Florida Sta of Florida. Such change wa ations of, Section 607.0505,	as authoriza	d by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose o of the app	f changing it iointment as	is registered registered
SIGNATURE.										
12,	Stgrature, typed or po	rtico name of registered age OFFICERS ANI		NOTE: Registere	d Age	nt signature requi	red when reinstating) 1 ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIBECTOR	S IN 12
TITLE	[P	OFFICENSAN	DELETE	1.1 Ti	TLE	1	ADDITIONS/DIVANCES TO OFFIC	LIIO AIIL	Change	Addition
NAME	RICHARD I. C	LMSTEAD	-	1.2 N		İ				_
STREET ADDRESS		RIVER DRIVE, #12	1			ADDRESS			-	
CITY-SI-ZIF	COCOA FL			1.4 0	TY-S	T-ZIP				
TITLE			☐ DELETE	2.1 TI	TLE				Change	Addition
NAME	ļ			2.2 N	AME					
STREET ADDRESS				2.3 \$	TREET	ADDRESS			•	
CITY-\$T-ZIP				2.40	ITY - S	ST-ZIP	-			
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TIFLE	1		DELETE	4.1 TI					☐ Change	Addition
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STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 C		T-ZIP			☐ Change	☐ Addition
NAME	\		the second secon	5.2 N						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP	1					ST-ZIP				
TillE	<u> </u>		DELETE	6.1 TI		· AII			☐ Change	Addition
NAME				6.2 N					•	
STREET ADDRESS	1			į.		ADDRESS				
CHY-ST-ZIP						iT-ZIP				
	by certify that the	information supplie	d with this filing does not a				d in Section 119.07(3)(i). Florida Statute	s. I furthe	r certify that	the

recommency coming that the information supplied with this tiling 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 eath; that I arm 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.