

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # **600902** (1)

1. Corporation Name

**CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

116 W. STURTEVANT ST.  
ORLANDO FL 32806

116 W. STURTEVANT ST.  
ORLANDO FL 32806

3. Date Incorporated or Qualified  
**03/26/1969**

3a. Date of Last Report  
**03/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-1235805**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGRUDER, G. BROCK**  
116 W. STURTEVANT ST.  
ORLANDO FL 32806

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAGRUDER, G. BROCK	
STREET ADDRESS	116 W. STURTEVANT ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAGRUDER, POLLY F.	
STREET ADDRESS	116 W. STURTEVANT ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mitchell G. Billing	
1.3 STREET ADDRESS	250 S. Park Ave., #600	
1.4 CITY - ST - ZIP	Winter Park, FL 32789	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael E. Grubbe	
2.3 STREET ADDRESS	250 S. Park Ave., #600	
2.4 CITY - ST - ZIP	Winter Park, FL 32789	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James C. Washburn	
3.3 STREET ADDRESS	250 S. Park Ave., #600	
3.4 CITY - ST - ZIP	Winter Park, FL 32789	
4.1 TITLE	VP/Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Connie G. Fraley	
4.3 STREET ADDRESS	250 S. Park Ave., #600	
4.4 CITY - ST - ZIP	Winter Park, FL 32789	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kathryn L. Sweers	
5.3 STREET ADDRESS	250 S. Park Ave., #600	
5.4 CITY - ST - ZIP	Winter Park, FL 32789	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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:

*Connie G. Fraley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/96 407/647-5000

CR2E034 (12/95)

Additions to Central Florida Eye Surgery Associates, Inc.

Director

Thomas R. Whatley, Jr.  
250 S. Park Ave., #600  
Winter Park, FL 32789

Director

Mitchell G. Billing  
250 S. Park Ave., #600  
Winter Park, FL 32789