

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:38

DOCUMENT # 603508 (3)

1. Corporation Name  
EYE ASSOCIATES OF BOCA RATON, P.A.

Principal Place of Business Mailing Address  
850 NW 13TH STREET 860 NW 13TH STREET  
BOCA RATON FL 33486-2310 BOCA RATON FL 33486-2310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/03/1972 3a. Date of Last Report 06/01/1994  
4. FEI Number 59-1403353 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
GLASSER, GENE K.  
2021 TYLER ST.  
HOLLYWOOD FL

10. Name and Address of New Registered Agent  
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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME DOYLE, HOWARD A, JR  
STREET ADDRESS 950 NW 13TH ST  
CITY- ST- ZIP BOCA RATON FL  
TITLE VPD  
NAME HOMER, PAUL I  
STREET ADDRESS 950 NW 13TH ST  
CITY- ST- ZIP BOCA RATON, FL 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
31 TITLE  Change  Addition  
32 NAME D HOWARD GOLDMAN  
33 STREET ADDRESS 950 NW 13 ST  
34 CITY- ST- ZIP BOCA RATON, FL 33484  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(4), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signatures 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form, or in an attachment with an address.

SIGNATURE: x

PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL I HOMER

DATE

1/25/95 391-8300 (407)