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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M81782

(8)

MIAMI LAKES EYE CARE CENTER, P.A.

rincipal Place of Business	Mailing Address
1560 NW 67 AVENUE #210	1560 NW 67 AVENUE #210

FILED Jan 29 1998 8:00am Secretary of State

Prin	cipal Place of Business	Mailing Address						Err 61911 91E11 1941
1580 NW 67 AVENUE #210 MIAMI LAKES FL 33014		1560 NW 67 AVENUE #210 Miami lakes fl 33014			DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualified 05/19/1988		
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0026251		Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		
23	City & State	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
24	Zip Country 25	Zip 29	30 Coun	itry			X Yes	☐ No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	THOMAS, FAYES F., JR.		18	31	Name			
16 S.W. FIRST AVENUE MIAMI FL 33130			82	Street Address	ess (P.O. Box Number is Not Acceptable)			
			{_	33				
				_/	City	FL		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 reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	1.5 TITLE	Change Addition				
NAME	TRENTACASTE, JOSEPH M	1,2 NAME					
STREET ADDRESS	2659 EDGEWATER DRIVE	1,3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL	1,4 CITY-ST-ZIP					
TITLE	SD DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	ZAMBRANO, WILLIAM	2.2 NAME					
STREET ADDRESS	8627 GLENCAIRN TERRACE	2,3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL	2. 4 CITY - ST - ZIP					
TITLE	☐ DELETE	3,1 TITLE	Change Addition				
NAME		3.2 NAME	•				
STREET ADDRESS		3,3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY - ST - ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	Change Addition				
NAME		6,2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 CITY - ST - ZIP					

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 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.

THE REQUIRED