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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # M89700 (2)

1. Corporation Name
ASSOCIATED EYE PHYSICIANS CORPORATION

Principal Place of Business Mailing Address

**3737 PINE ISLAND ROAD
SUITE 650
SUNRISE FL 33321**

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SUITE 650
SUNRISE FL 33321**

3. Date Incorporated or Qualified: **07/14/1988** 3a. Date of Last Report: **04/11/1994**

4. FBI Number: **59-1902681** 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 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**SINAGRA, FRANK
110 E. BROWARD BLVD., SUITE 650
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	STANLEY, HAROLD (M.D.)
STREET ADDRESS	1776 N. PINE ISLAND RD.
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	GRODIN, RICHARD, M.D.
STREET ADDRESS	7800 W OAKLAND PARK BLVD
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	BIZER, WAYNE, D.O.
STREET ADDRESS	8411 W OAKLAND PARK BLVD
CITY - ST - ZIP	SUNRISE FL
TITLE	PD
NAME	GREENBERG, MARVIN, M.D.
STREET ADDRESS	7710 N.W. 71ST CT.
CITY - ST - ZIP	TAMARAC FL
TITLE	D
NAME	FELDMAN, MARK, M.D.
STREET ADDRESS	7800 W OAKLAND PARK BLVD
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	ROUS, STANLEY, M.D.
STREET ADDRESS	7800 W OAKLAND PARK BLVD
CITY - ST - ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: _____ **4/19/95** **572-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)