

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M89700** (2)

1. Corporation Name
ASSOCIATED EYE PHYSICIANS CORPORATION



Principal Place of Business: **3737 PINE ISLAND ROAD SUITE 650 SUNRISE FL 33321**
Mailing Address: **3737 PINE ISLAND ROAD SUITE 650 SUNRISE FL 33321**

3. Date Incorporated or Qualified: **07/14/1988**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-1902681**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
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

Signature: Typed or printed name of registered agent and of the corporation. (If the registered agent signature is required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: STANLEY, HAROLD (M.D.) STREET ADDRESS: 1776 N. PINE ISLAND RD. PLANTATION FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: GRODIN, RICHARD, M.D. STREET ADDRESS: 7800 W OAKLAND PARK BLVD SUNRISE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: BIZER, WAYNE, D.O. STREET ADDRESS: 8411 W OAKLAND PARK BLVD SUNRISE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NAME: GREENBERG, MARVIN, M.D. STREET ADDRESS: 7710 N.W. 71ST CT. TAMARAC FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: FELDMAN, MARK, M.D. STREET ADDRESS: 7800 W OAKLAND PARK BLVD SUNRISE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: ROUS, STANLEY, M.D. STREET ADDRESS: 7800 W OAKLAND PARK BLVD SUNRISE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
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 this 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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 954-572-5888
DATE PHONE

CR2E034 (12/95)