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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 **3737 PINE ISLAND ROAD SUITE 650 SUNRISE FL 33351-6528**

3. Date Incorporated or Qualified **07/14/1988** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-1902681** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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 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 addendum.

SIGNATURE: _____ **1/10/96** **954-572-5588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)