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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M89700

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1988

4. FEI 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 owes the current year intangible Personal Property Tax. 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

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name FRANK SINAGRA

82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. THURDAYE

83 SUITE 1900

84 City FT LAUDERDALE FL 85 Zip Code 33394

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 SD DELETED NAME STANLEY, HAROLD (M.D.) STREET ADDRESS 1776 N. PINE ISLAND RD. CITY-ST-ZIP PLANTATION FL

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE D DELETED NAME GRODIN, RICHARD, M.D. STREET ADDRESS 7800 W OAKLAND PARK BLVD CITY-ST-ZIP SUNRISE FL

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D DELETED NAME BIZER, WAYNE, D.O. STREET ADDRESS 8411 W OAKLAND PARK BLVD CITY-ST-ZIP SUNRISE FL

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE PD DELETED NAME GREENBERG, MARVIN, M.D. STREET ADDRESS 7710 N.W. 71ST CT. CITY-ST-ZIP TAMARAC FL

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D DELETED NAME FELDMAN, MARK, M.D. STREET ADDRESS 7800 W OAKLAND PARK BLVD CITY-ST-ZIP SUNRISE FL

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE D DELETED NAME ROUS, STANLEY, M.D. STREET ADDRESS 7800 W OAKLAND PARK BLVD CITY-ST-ZIP SUNRISE FL

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

954-572-5888

Daytime Phone #

CR2E034 (11/98)