

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90037 018 ***150.00

DOCUMENT # M89700

1. Entity 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
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110003700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <i>none</i>	Suite, Apt. #, etc. <i>none</i>
City & State	City & State

4. FEI Number 59-1902681	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
SINAGRA, FRANK
100 SE 3RD AVE
STE 1900
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E034 (10/00)