

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89700

FILED
Jan 07, 2004
Secretary of State

Entity Name: ASSOCIATED EYE PHYSICIANS CORPORATION

Current Principal Place of Business:

3737 PINE ISLAND ROAD
SUITE 650
SUNRISE, FL 33321

New Principal Place of Business:

Current Mailing Address:

3737 PINE ISLAND ROAD
SUITE 650
SUNRISE, FL 33321

New Mailing Address:

FEI Number: 59-1902681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SINAGRA, FRANK
100 SE 3RD AVE
STE 1900
FORT LAUDERDALE, FL 33394

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: STANLEY, HAROLD (M.D., .)
Address: 1776 N. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: BIZER, WAYNE, D.O.,
Address: 1001 S.W. 93 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: PD () Delete
Name: GREENBERG, MARVIN, M. .D.
Address: 7710 N.W. 71ST CT.
City-St-Zip: TAMARAC, FL

Title: D () Delete
Name: FELDMAN, MARK, M.D.,
Address: 7800 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL

Title: D () Delete
Name: ROUS, STANLEY, M.D.,
Address: 7800 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE BIZER

Electronic Signature of Signing Officer or Director

DR.

01/07/2004

Date