


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90023 039 ***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
--	--

50000620



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7421 UNIV. DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 109
City & State	City & State TAMARAC FL
Zip	Zip 33321
Country	Country USA

01162007	Chg-P	CR2E034 (12/06)
4. FEI Number 59-1902681		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marvin Greenberg MD 1-16-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD STANLEY, HAROLD (M.D.) 1776 N. PINE ISLAND RD. PLANTATION, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BIZER, WAYNE, D.O. 1001 S.W. 93 TERRACE PLANTATION, FL 33324	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD GREENBERG, MARVIN, M.D. 7710 N.W. 71ST CT. TAMARAC, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FELDMAN, MARK, M.D. 7800 W OAKLAND PARK BLVD SUNRISE, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ROUS, STANLEY, M.D. 7800 W OAKLAND PARK BLVD SUNRISE, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marvin Greenberg MD 1-17-06 954 726 2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *