

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90004 006 ***150.00

DOCUMENT # P00000098507

1. Entity Name

BOYNTON EYE INSTITUTE, P.A.



Principal Place of Business

3594 SOUTH OCEAN BOULEVARD
UNIT 805
HIGHLAND BEACH FL 33487

Mailing Address

3594 SOUTH OCEAN BOULEVARD
UNIT 805
HIGHLAND BEACH FL 33487

2. Principal Place of Business

2300 S. Congress Ave., #102

3. Mailing Address

Same

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

Zip

Country

4. FEI Number

65-1053450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JOHN P
2499 GLADES RD
SUITE 305A
BOCA RATON FL 33431

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PSTD	HABIB, MAGED S MD	3594 S. OCEAN BLVD UNIT 805	HIGHLAND BEACH FL 33487	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

Maged S. Habib, MD

1/21/04