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**Feb 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052920 (3)

1. Corporation Name
PEDIATRIC OPHTHALMOLOGY AND STRABISMUS CENTER, P.A.



Principal Place of Business
**7800 W. OAKLAND PARK BLVD
SUNRISE FL 33351
US**

Mailing Address
**% 110 EAST BROWARD BLVD.
SUITE 650 - ONE CORPORATE PLAZA
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified **07/18/1994** 3a. Date of Last Report **02/15/1996**
4. FEI Number **65-0506771** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country
26a. Mailing Address
26 **One Financial Plaza**
27 Suite, Apt. #, etc.
27 **Suite 1900**
28 City & State
28 **Fort Lauderdale, FL**
29 Zip
29 **33394**
30 Country
30 **USA**

9. Name and Address of Current Registered Agent
**SINAGRA, FRANK J ESQ.
HALEY, SINAGRA & PEREZ, P.A.
110 E. BROWARD BOULEVARD, SUITE 650
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name
Frank J. Sinagra, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
**Haley, Sinagra & Perez, P.A.
One Financial Plaza, Suite 1900**
83 City
Fort 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Frank J. Sinagra* **Frank J. Sinagra, Esquire-1/10/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FELDMAN, MARK S M.D.	
STREET ADDRESS	7800 W OAKLAND PARK BLVD.	
CITY - ST - ZIP	SUNRISE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BIZER, WAYNE D	
STREET ADDRESS	8411 W OAKLAND PARK BLVD	
CITY - ST - ZIP	SUNRISE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EPSTEIN, GIL A M.D.	
STREET ADDRESS	7800 W OAKLAND PARK BLVD	
CITY - ST - ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRODIN, RICHARD W M.D.	
STREET ADDRESS	7800 W OAKLAND PARK BLVD	
CITY - ST - ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUS, STANLEY M M.D.	
STREET ADDRESS	7800 W OAKLAND PARK BLVD	
CITY - ST - ZIP	SUNRISE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Frank J. Sinagra* **(954) 741-5555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)