

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

**DOCUMENT #**  
 1. Corporation Name

*PG4000052920*

**PEDIATRIC OPHTHALMOLOGY AND STRABISMUS CENTER,  
 P.A.**

Principal Place of Business

Mailing Address

**7800 West Oakland Park Blvd.  
 Sunrise, Florida 33351  
 US**

**1 Financial Plaza  
 Ste 1900  
 Ft. Lauderdale, Florida 33304  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	65-0506771		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SINAGRA, FRANK J HALEY, SINAGRA & PEREZ, P.A. 1 FINANCIAL PLAZA, STE 1900 FORT LAUDERDALE, FLORIDA 33394				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			

**SINAGRA, FRANK J  
 HALEY, SINAGRA & PEREZ, P.A.  
 1 FINANCIAL PLAZA, STE 1900  
 FORT LAUDERDALE, FLORIDA 33394**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FELDMAN, MARK S M.D.</b>		1.2 NAME				
STREET ADDRESS	<b>7800 W Oakland Park Blvd</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>Sunrise, FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BIZER, WAYNE D</b>		2.2 NAME				
STREET ADDRESS	<b>8411 W Oakland Park Blvd.</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>Sunrise, FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>EPSTEIN, GIL A M.D.</b>		3.2 NAME				
STREET ADDRESS	<b>7800 W Oakland Park Blvd</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>Sunrise, FL</b>		3.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>GRODIN, RICHARD W M.D.</b>		4.2 NAME				
STREET ADDRESS	<b>7800 W OAKLAND PARK BLVD</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>SUNRISE, FL</b>		4.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>ROUS, STANLEY M M.D.</b>		5.2 NAME				
STREET ADDRESS	<b>7800 W OAKLAND PARK BLVD</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>SUNRISE, FLORIDA</b>		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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: *[Signature]* 2/4/98 (754) 741-5555

CR2E034 (10/97)

*4-27*  
*[Signature]*