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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State

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

Principal Place of Business W. OAKLAND PARK BLVD FL 33351 Mailing Address 1 FINANCILA PLAZA STE 1900 FT LAUDERDALE FL 33394 US

Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1994 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 owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE P FELDMAN, MARK S M.D. 1.2 NAME 1.3 STREET ADDRESS 7800 W OAKLAND PARK BLVD. 1.4 CITY-ST-ZIP SUNRISE FL 2.1 TITLE V BIZER, WAYNE D 2.2 NAME 2.3 STREET ADDRESS 8411 W OAKLAND PARK BLVD 2.4 CITY-ST-ZIP SUNRISE FL 3.1 TITLE S EPSTEIN, GIL A M.D. 3.2 NAME 3.3 STREET ADDRESS 7800 W OAKLAND PARK BLVD 3.4 CITY-ST-ZIP SUNRISE FL 4.1 TITLE D GRODIN, RICHARD W M.D. 4.2 NAME 4.3 STREET ADDRESS 7800 W OAKLAND PARK BLVD 4.4 CITY-ST-ZIP SUNRISE FL 5.1 TITLE D ROUS, STANLEY M M.D. 5.2 NAME 5.3 STREET ADDRESS 7800 W OAKLNAD PARK BLVD 5.4 CITY-ST-ZIP SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)