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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000014370 (6)

CORAL SPRINGS OPHTHALMOLOGY ASSOCIATES, P.A.

Principal Place of Business Mailing Address						I JUB31003 110 IDANT BINN DONA ERIN BUNN BUNN HIDN HIDRE 1911 JUBN GON 1009
7886 W. SAMPLE ROAD CORAL SPRINGS FL 33065		7886 W. SAMPLE ROAD CORAL SPRINGS FL 330	7886 W. SAMPLE ROAD CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Principal P	lace of Business	2a, Mailing Address				02/12/1996 4. FEI Number Applied For
21	IZOG OF DUSINOSS	26	¬			65-0637697 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>			CO 75 Additional
22		27	7			5. Certificate of Status Desired Fee Required
City & State		City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be
23		28	18			Trust Fund Contribution Added to Fees
Zip	Country Zip			ntry		8. This corporation owes or has paid the current year Intangible
24	25		30			Personal Property Tax due June 30. X Yes No
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent
WOODS, DONALD R DR.				۱'	IVATILE	
	200 E. CYPRESSHEAD DRIV	E	7	82	Street A	ddress (P.O. Box Number is Not Acceptable)
P	arkland fl 33067			83		
			[00		
			[1	84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Sections 60	7.0502 and 607.1508. Florida Statutes	the ab		-named c	
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 lamiliar with, and occept the obligations of Section 607.0505, Florida Statutes.						
	m ramiliar with, and recent he o	obligations of Section 607.0505, Fior	ida Siaid	nes		1, 29/08
SIGNATURE	Signature, typed or printed warie of register	ed agent and upon application (NOIE.	Registered	Ager	nt signature m	cquired when reinstating) DATE
12.	OFFICERS	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 701	1.1 TRILE		Change Addition
NAME WOODS, DONALD R DR.			1.2 NAME			
STREET ADDRESS	7200 E. CYPRESSHEAD	DORIVE	1 3 STR	REET	ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CIT		- Z(P	
TITLE		☐ DELETE	2 1 TITLE			Change Addition
NAME				2 2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	2 4 C/TY - 3 1 TITLE		I - ZIP	☐ Change ☐ Addition
TITLE		☐ DELCTE	3 2 NAME		-	C ontaings C Addition
NAME			3.3 STREET ADDRESS		ADDRESS	
STREET ADDRESS			3.4. CITY - ST - ZIP		1	
CITY-ST-ZIP TITLE		DELETE	4.1 Title		1-21	☐ Change ☐ Addition
NAME			4. 2 NAME		-	
STREET ADDRESS					ADURESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		- 1	
TITLE		DELETE				Change Addition
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			5.4 CITY-S1-ZIP		- 71P	
TITLE		DELETE	DELETE 6.1 TIT			Change Addition
NAME			6.2 NAM	ME		
STREET ADDRESS			6.3 STR	REET	ADORESS	
CITY-ST-ZIP			6.4 CITY			1. 0 - 1. 0. 07/0\/\) El . 1. 0. 1. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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						
indicated on this annual report or supplied with rins limit does not do all the indicated on this annual report or supplied with rins limit does not do all the indicated on this annual report or supplied and an an officer or director of the corporation or the receiver or Mistee empoyed of the 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 all attachment with an address.						

V29/98 954 752 6465

FILED

Feb 04 1998 8:00am

Secretary of State