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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000083331 (3)

FILED Feb 05 1998 8:00am Secretary of State

	.HAMBRA EYE & LASER C	ENTER, P.A.				
Principal Plac	e of Business	Mailing Address				
325 ALHAMBRA CIRCLE 325 ALHAMBRA CIRC					ζ	
CORAL GABLES FL 33134 CORAL GABLES FL 3						
		1				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
		- 12 III				09/25/1997
\vdash	lace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt.	# ala	Suite, Apt. #, etc.				
22	n, etc.	27				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	е	City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	0		Personal Property Tax due June 30. Yes No
ļ	9. Name and Address of Currer	nt Registered Agent	<u> </u>			10. Name and Address of New Registered Agent
l .	EMILLION, CHARLES		İ	81	Name	
	S ALHAMBRA CIRCLE	į	į	82	Street A	Address (P.O. Box Number is Not Acceptable)
l co	RAL GABLES FL 33134		1	83		
			ļ	83		
			ŀ	84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607.050	12 and 607 1508 Florida Sta	tutes	the above	-named (
office or r	egistered agent, or both, in the State	of Florida, Such change wa	s auti	horized by	the corp	corporation submits this statement for the purpose of changing its registered to allow a comparison of directors. I hereby accept the appointment as registered
1	m familiar with, and accept the oblig	ations of, Section 607.0505,	FIORIC	a Statutes		
SIGNATURE	Signature, typed or printed name of registered ag-					
		ent and title it applicable. (N	NOTE. A	egistered Ager	nt signature i	required when reinstating) DATE
12.		ent and title if applicable. (N	NOTE. R	tegistered Ager	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE			NOTE, R		nt signature i	
	OFFICERS AN	D DIRECTORS	NOTE. R	13.	nt signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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 copy(figure of the receiver or trustee employees) to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ricch 13 if chapter 14 and 15 if the copy of the path of the copy of the path of the copy of the copy of the path of the copy
SIGNATURE.

The MARKET MIKE

1.30.98

306.444.5950