

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000944

**Entity Name:** BROWARD COUNTY EYE FOUNDATION, INC.**Current Principal Place of Business:**C/O MCFATTER TECHNICAL COLLEGE  
OPTOMETRIC ASSISTANT PROGRAM 6500 NOVA DRIVE  
DAVIE, FL 33317**Current Mailing Address:**C/O MCFATTER TECHNICAL COLLEGE  
OPTOMETRIC ASSISTANT PROGRAM 6500 NOVA DRIVE  
DAVIE, FL 33317 US**FEI Number:** 65-0622742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRUMSKI, MARGARET A OD  
2640 MCKINLEY ST.  
HOLLYWOOD, FL 33020 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARGARET A STRUMSKI

01/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           STRUMSKI, MARGARET A OD  
Address        2640 MCKINLEY ST.  
City-State-Zip: HOLLYWOOD FL 33020

Title            EXECUTIVE SECRETARY  
Name           BRAUSS, SANDRA LDO  
Address        520 NE 30TH ST.  
City-State-Zip: WILTON MANORS FL 33334

Title            PRESIDENT  
Name           BRAUSS, JAMES R OD  
Address        520 NE 30TH ST.  
City-State-Zip: WILTON MANORS FL 33334

Title            DIRECTOR  
Name           MARTINEZ, RICHARD LDO  
Address        6500 NOVA DR  
City-State-Zip: DAVIE FL 33317

Title            VP  
Name           AMMANN, JOHNNATHAN R.  
Address        332 NW 48TH ST.  
City-State-Zip: OAKLAND PARK FL 33309

Title            DIRECTOR  
Name           BROWN, LAWRENCE M  
Address        121 ROYAL PARK DRIVE  
                  #1B  
City-State-Zip: OAKLAND PARK FL 33309

Title            DIRECTOR  
Name           BROWN, PAMELA J  
Address        121 ROYAL PARK DRIVE  
                  #1B  
City-State-Zip: OAKLAND PARK FL 33309

Title            DIRECTOR  
Name           SAGER, JEFFREY E. OD  
Address        SAGER EYE CARE CENTER  
                  823 N. NOB HILL RD.  
City-State-Zip: PLANTATION FL 33324

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET A STRUMSKI**TREASURER**

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 SAMSON, JODI  
Address               1400 NW 14TH CT.  
City-State-Zip:     FT. LAUDERDALE FL 33324

Title                 DIRECTOR  
Name                 SCHATZ, OD, SCOTT  
Address               255 N. UNIVERSITY DR  
City-State-Zip:     PEMBROKE PINES FL 33024-6715