

2013 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 MED.DEPT.
6500 NOVA DRIVE
DAVIE, FL 33317**Current Mailing Address:**C/O MCFATTER TECHNICAL MED.DEPT.
6500 NOVA DRIVE
DAVIE, FL 33317**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

02/01/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SICOIA, CRISTINA OD
Address 5542 S FLAMINGO RD
City-State-Zip: COOPER CITY FL 33330

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

Title S
Name BRAUSS, SANDRA LDO
Address 2301 WILTON DR., UNIT C
City-State-Zip: WILTON MANORS FL 33305

Title D
Name BRAUSS, JAMES R OD
Address 2301 WILTON DR., UNIT C
City-State-Zip: WILTON MANORS FL 33305

Title V
Name APAT, STEPHEN LDO
Address 9677-8 BOCA GARDEN CIRCLE N
City-State-Zip: BOCA RATON FL 33496

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

Title D
Name AMMANN, JOHN
Address 6800 NW 23RD TERRACE
City-State-Zip: FT. LAUDERDALE FL 33309-1408

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

OD

02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date