

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M89700

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC6124701188**

**Entity Name:** ASSOCIATED EYE PHYSICIANS CORPORATION

**Current Principal Place of Business:**

3737 PINE ISLAND ROAD  
SUITE 650  
SUNRISE, FL 33321

**Current Mailing Address:**

7421 N UNIVERSITY DRIVE  
SUITE 109  
TAMARAC, FL 33321

**FEI Number: 59-1902681**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEINBERG, STEVEN A  
7805 SW 6 CT  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name STANLEY, HAROLD (M.D.)  
Address 1776 N. PINE ISLAND RD.  
City-State-Zip: PLANTATION FL

Title D  
Name BIZER, WAYNE  
Address 1001 S.W. 93 TERRACE  
City-State-Zip: PLANTATION FL 33324

Title PD  
Name FELDMAN, MARK, M.D.  
Address 7800 W. OAKLAND PARK BLVD.  
City-State-Zip: SUNRISE FL

Title D  
Name GREENBERG, MARVIN  
Address 7421 N UNIVERSITY DRIVE, SUITE 109  
City-State-Zip: TAMARAC FL

Title D  
Name ROUS, STANLEY  
Address 7800 W OAKLAND PARK BLVD  
City-State-Zip: SUNRISE FL

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARVIN GREENBERG**

**DIRECTOR**

**02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date