

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89700

**FILED
Jan 08, 2015
Secretary of State
CC2825062855**

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

OFFICER

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date