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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 600158 (0)  
1. Corporation Name  
KASNER, FISHER AND RING OPHTHALMOLOGY ASSOCIATES  
P.A.

Principal Place of Business  
6262 SUNSET DR.  
ADVANCE TOWER, SUITE 201  
SOUTH MIAMI FL 33143

Mailing Address  
6262 SUNSET DR.  
ADVANCE TOWER, SUITE 201  
SOUTH MIAMI FL 33143-4843



3. Date Incorporated or Qualified 10/01/1962  
3a. Date of Last Report 04/10/1996

2. Principal Place of Business  
21 8940 N. KENDALL DRIVE  
Suite, Apt. #, etc.  
22 400 E  
City & State  
23 MIAMI, FL  
Zip  
24 33176  
Country  
25  
26 8940 N. KENDALL DRIVE  
Suite, Apt. #, etc.  
27 400 E  
City & State  
28 MIAMI, FL  
Zip  
29 33176  
Country  
30

4. FEI Number 59-0978030  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
KASNER, DAVID  
6262 SUNSET DR.  
ADVANCE TOWER, SUITE 201  
S. MIAMI FL 33143

10. Name and Address of New Registered Agent  
81 Name KASNER, DAVID  
82 Street Address (P.O. Box Number is Not Acceptable)  
8940 N. KENDALL DRIVE  
83 SUITE 400 E  
84 City MIAMI FL 85 Zip Code 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME KASNER, DAVID  
STREET ADDRESS 6262 SUNSET DR. #201  
CITY-ST-ZIP SOUTH MIAMI FL  
TITLE S  
NAME FISHER, JEROME  
STREET ADDRESS 6262 SUNSET DR. #201  
CITY-ST-ZIP SOUTH MIAMI FL  
TITLE T  
NAME RING, HENRY  
STREET ADDRESS 6262 SUNSET DR S201  
CITY-ST-ZIP S MIAMI FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PRESIDENT  
1.2 NAME KASNER, DAVID  
1.3 STREET ADDRESS 8940 N. KENDALL DRIVE, SUITE 400 E  
1.4 CITY-ST-ZIP MIAMI, FL 33176  
2.1 TITLE SECRETARY  
2.2 NAME FISHER, JEROME  
2.3 STREET ADDRESS 8940 N. KENDALL DRIVE, SUITE 400 E  
2.4 CITY-ST-ZIP MIAMI, FL 33176  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 4/22/97 305

CR2E034 (9/96)