

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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		2a. Mailing Address		4. FET Number		Applied For	
21	8940 N. KENDALL DRIVE	26	8940 N. KENDALL DRIVE	59-0978030		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	400 E	27	400 E	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	MIAMI, FL	28	MIAMI, FL				
Zip		Zip					
24	33176	29	33176				
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KASNER, DAVID 6262 SUNSET DR. ADVANCE TOWER, SUITE 201 S. MIAMI FL 33143				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	85	Zip Code FL 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASNER, DAVID	1.2 NAME	KASNER, DAVID
STREET ADDRESS	6262 SUNSET DR. #201	1.3 STREET ADDRESS	8940 N. KENDALL DRIVE, SUITE 400 E
CITY-ST-ZIP	SOUTH MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JEROME	2.2 NAME	FISHER, JEROME
STREET ADDRESS	6262 SUNSET DR. #201	2.3 STREET ADDRESS	8940 N. KENDALL DRIVE, SUITE 400 E
CITY-ST-ZIP	SOUTH MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RING, HENRY	3.2 NAME	
STREET ADDRESS	6262 SUNSET DR S201	3.3 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **4/22/97**

CR2E034 (9/96)