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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

2740 HOLLYWOOD BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 600254

EYE SURGERY ASSOCIATES, P.A.

(7)

Mailing Address

2740 HOLLYWOOD BLVD.

FILED Feb 28 1997 8:00am Secretary of State

HOLLYWOOD FL 33020		HOLLYWOOD FL 33020-4826				1		
				:	3. Date Incorporated or Qualified 09/14/1966		of Last Re 5/1996	port
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	· h.u	Ap	plied For
21		26			59-1147839			t Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27					Fee Re	·
City & State		City & State			6. Election Campaign Financing	П	\$5.00	
23 Ziji	Country	28	Count	·	Trust Fund Contribution		Added t	
24	25	29	30	y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24]	9. Name and Address of Curre		1301		10. Name and Address of New Reg			
SAN	DBERG, JOEL S.		8	I Name	-		 	
	HOLLYWOOD BLVD.		82 Street Ad		A DO DO N. H. Andrew in New York	163	·	
	LYWOOD FL 33021		8	Street Add	dress (P.O. Box Number is Not Acceptab	ie)		
			8	3				
		•	<u> </u>				1221	S1-
•			8-	City		FL	85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	les, the abo	ve-named cor	poration submits this statement for the pation's board of directors. I hereby accep		hanging it	s registered
office or n	eg stered agent, or both, in the Sta m fair ∃ar with, and accept the ob!	te of Florida, Such change was	authorized I	by the corpora	ation's board of directors. I hereby accep	the appo	intment as	registered
•	militar iai willy and accopt the ow	iga.io-is-cii, cicciio-i con .cocs, i i	orida otatut	Ju.				
SIGNATURE	Signature, type of expreded name of registered a	agent and to enhapp I cable (NO	It Registered A	gent signature requ	uired when reinstaling)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
.1(1),F	PD	DELETE	1.1 THILE				Change	Addition
NAME	WINN, SAMUEL M		1.2 NAM					
STREET ADDRESS			1.3 STRE	et address				
CITY - \$1 - ZIE	HOLLYWOOD FL		1.4 CITY	ST-ZIP				
DILLE	SD SUFFERING S	☐ DELETE	21 TITLE			l	Change	Addition
NAME	DUFFNER,LEE R							
STREET ADDRESS			23 STRE	ET ADDRESS				
DOM: ST-78	HOLLYWOOD FL			- ST - ZIP	***			
THILE	VPD	DELETE 31				l	Change	Addition
NAME	SANDBERG, J. S.		32 NAM					
STREET ACORESS	2740 HOLLYWOOD, BLVD.		3.3 STRE	ET ADDRESS				
CITY+\$1+ZP	HOLLYWOOD FL		3.4. City				٦.,	171700
111£F :	ALCHDELGORIN V D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	MENDELSOHN, A.D.		4.2 NAM					
STREET ADDRESS	2740 HOLLYWOOD BLVD		4.3 STRE	ET ADDRESS				
CITY - \$1 - ZIP	HOLLYWOOD FL		4.4 CITY				70:	1.000
-10126		☐ DELETE	5.1 TITLE				Change	Addition
IMAN			5.2 NAM		•			ļ
STREET ADDRESS				ET ADDRESS	•			
City St ZiP		Api eve	5.4 CITY		14-14-14-14-14-14-14-14-14-14-14-14-14-1			Agains.
TIFLE		DELETE	6.1 TITLE			١	Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
1			0 4 5171	?				

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: