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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

EYE SURGERY ASSOCIATES, P.A.

**FILED** Feb 25 1998 8:00am Secretary of State

Principal Plac	a of Business	Mailing Address			
2740 HOLLYWOOD BLVD. 2740 HOLLYWOOD BLVD.			/D		
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 09/14/1966	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1147839	X Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	·	5. Certificate of Status Desired	CO 75 A 180
22		27	· · · · · · · · · · · · · · · · · · ·	9. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28   	Country	Trust Fund Contribution	***************************************
24	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	e current year Intangible  Yes  No
	9. Name and Address of Current		1001	10. Name and Address of New Registe	
	NDBERG, JOEL S.		81 Name		
2740 HOLLYWOOD BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021					
			63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Stati	tes the above-named corr		
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 Fonda 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, typud or printed name of registered ager	and title if applicable (NO	1E. Rugistered Agent signature requi	red when reinstating)	NE
12.	OF LICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 THTLE		Change Addition
NAME	WINN,SAMUEL M 2740 HOLLYWOOD, BLVD.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL		1.3 STREET ADDRESS		
TITLE	SD	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME	DUFFNER,LEE R	_	2.2 NAME		
STREET ADDRESS	2740 HOLLYWOOD BLVD.		2 3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		Change Addition
NAME	SANDBERG, J. S.		3.2 NAME		
STREET ADDRESS	2740 HOLLYWOOD, BLVD. HOLLYWOOD FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD TO	DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME	MENDELSOHN, A.D.	L_J VECETE	4.1 TITLE 4.2 NAME		C Cuarige C Addition
STREET ADDRESS	2740 HOLLYWOOD BLVD		4.3 STREET ADDRESS		
CITY+ST-ZIP	HOLLYWOOD FL		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 suppliemental 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 of the receiver cytrustee 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 altraction of the corporation of the corp