FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:17

DOCUMENT # 600345 (3)

1. Corporation Name
JAFFE EYE INSTITUTE, P.A.

Principal Place of Business
250 W. 63RD STREET
MORRIS TOWER, SUITE D
MIAMI BEACH FL 33141

Mailing Address
250 W. 63RD STREET
MORRIS TOWER, SUITE D
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1968
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21 18999 Biscayne Boulevard
22 Suite, Apt. #, etc. North Miami Beach, FL 33180
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 18999 Biscayne Boulevard
27 Suite, Apt. #, etc. North Miami Beach, FL 33180
28 City & State
29 Zip
30 Country

4. FEI Number: 59-1204805 ☐ 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

JAFFE, NORMAN S
250 WEST 63RD STREET
MORRIS TOWER, SUITE D
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: Jaffe, Norman S.
82 Street Address (P.O. Box Number is Not Acceptable): 5700 N. Bay Road
83
84 City: Miami Beach FL 85 Zip Code: 33140

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAFFE, NORMAN S
STREET ADDRESS	5700 N BAY ROAD
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VPS
NAME	JAFFE, MARK
STREET ADDRESS	1821 WEST 27TH STREET
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	TD
NAME	JAFFE, GARY F.
STREET ADDRESS	2800 WILLIAMS ISLAND BV.
CITY-ST-ZIP	MIAMI FL. 0
TITLE	D
NAME	JAFFE, EMERY
STREET ADDRESS	1000 ISLAND BLVD #2712
CITY-ST-ZIP	WILLIAMS ISLAND FL
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Gary F. Jaffe / 3-28-95 / 305-945-7433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0160626 CP